

USAID | MIKOLO Quarterly Progress Report

Period: October 1st – December 31st, 2014

John Yanulis

January 30, 2015

USAID | MIKOLO is a five-year project (2013-2018), funded by USAID and implemented by Management Sciences for Health (MSH) with Catholic Relief Services (CRS), Overseas Strategic Consulting (OSC), and local partners. The project will increase community-based primary health care service uptake and the adoption of healthy behaviors among women of reproductive age, young children, and newborns under 5 years old.

[Primary health care – USAID – Community health services]

This report was made possible through support provided by the US Agency for International Development and the USAID Madagascar, under the terms of Contract Number **AID-687-C-13-00001** and Jacky RALAIARIVONY. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

USAID | MIKOLO
Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155
Telephone: (617) 250-9500
<http://www.msh.org>



Quarterly Progress Report

Period: October, 1st – December, 31st 2014



© MSH/Olumade Badejo

Prepared by John Yanulis, Project Manager

Contact : jyanulis@mikolo.org

Submitted to USAID by Management Sciences for Health

Villa Imaintsoanala III

Lot II K 72 Bis – Ivandry

Antananarivo – Madagascar

DATE : January 30, 2015

This document was prepared with the generous support of the U.S. Agency for International Development (USAID) under Contract No. AID-687-C-13-00001. Its contents are the responsibility of the Primary Health Care Project and do not necessarily reflect the views of USAID or the U.S. Government.

TABLE OF CONTENTS

LIST OF ACRONYMS	3
EXECUTIVE SUMMARY	4
INTRODUCTION	6
RESULTS	9
SUB-PURPOSE 1: SUSTAINABLY DEVELOP SYSTEMS, CAPACITY, AND OWNERSHIP OF LOCAL PARTNERS	9
SUB-PURPOSE 2: INCREASE AVAILABILITY AND ACCESS TO BASIC HEALTH SERVICES IN THE PROJECT'S TARGET COMMUNES	18
<i>REPRODUCTIVE HEALTH AND FAMILY PLANNING</i>	22
<i>MALARIA</i>	23
<i>MATERNAL, NEWBORN AND CHILD HEALTH</i>	24
SUB-PURPOSE 3: IMPROVE THE QUALITY OF HEALTHCARE SERVICES AT THE COMMUNITY LEVEL.....	28
SUB-PURPOSE 4: INCREASE THE ADOPTION OF HEALTHY BEHAVIORS AND PRACTICES	32
CROSS-CUTTING STRATEGIES	35
GENDER.....	35
ENVIRONMENTAL COMPLIANCE	36
FAMILY PLANNING COMPLIANCE	37
MONITORING AND EVALUATION	38
PROJECT MANAGEMENT	39
COORDINATION WITH USAID	39
OTHER COORDINATION MEETINGS.....	39
HUMAN RESOURCES AND FIELD OFFICE MANAGEMENT	39
SUBCONTRACTOR AND GRANT MANAGEMENT.....	40
FINANCIAL MANAGEMENT	40
ANNEXES	41
ANNEX 1: RESULTS MATRIX	41
ANNEX 2: SUCCESS STORIES.....	47
ANNEX 3: FINANCIAL SUMMARY	53
ANNEX 5: COLLABORATION AND MEETINGS WITH OTHER HEALTH PARTNERS	56
ANNEX 6: PROJECT MEDIA PLAN FOR Y2	68
ANNEX7 : SUMMARY OF THE NGO, COMMUNITY ACTORS AND THE DISTRICT MANAGEMENT TEAM TRAINING CONDUCTED BY THE PROJECT	60
ANNEX 8: TECHNICAL AND ADMINISTRATIVE ASSISTANCE VISITS.....	62
ANNEX 9: ENVIRONMENTAL MITIGATION AND MONITORING REPORT	63
ANNEX 9: VALIDATED BCC STRATEGY (ATTACHED UNDER SEPARATE COVER).	68
ANNEX 10: VALIDATED GENDER STRATEGY (ATTACHED UNDER SEPARATE COVER).	68
ANNEX 11: VALIDATED YOUTH STRATEGY (ATTACHED UNDER SEPARATE COVER).....	68

LIST OF ACRONYMS

ACT	Artemisinin-based Combination Therapy (Malaria)
ASOS	Action Socio-sanitaire Organisation Secours
ANC	Antenatal Care
BCC	Behavior Change Communications
CCDS	<i>Commission Communale de Développement de la Santé</i>
CHV	Community Health Volunteer
COSAN	<i>Comités de Santé</i> (Health Committee)
CRS	Catholic Relief Services
CSB	<i>Centre Santé de Base</i> (Basic Health Center)
CSLF	COSAN Saving and Loan Fund
DDDS (3DS)	Direction de développement des districts sanitaires
DMPA	Depo Medroxyprogesterone Acetate/ Depo-Provera™ (Family Planning)
EMAD	<i>Equipe de Management de District</i> (District Management Team)
FPRH	Family Planning and Reproductive Health
IPTp	Intermittent Preventive Treatment in Pregnant Women
LAPM	Long Acting and Permanent Methods (Family Planning)
LLIN	Long-Lasting Insecticide-treated Nets
M&E	Monitoring and Evaluation
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
NCPH	National Community Health Policy
NGO	Non-governmental Organization
OSC	Overseas Strategic Consulting
PACO	Processus d'Auto-évaluation des capacités Organisationnelles
PSI	Population Services International (USAID-funded Integrated Social Marketing Program)
PY	Project Year
Q	Quarter
RDT	Rapid Diagnostic Test (Malaria)
SILC	Saving and Internal Lending Community
ST	Support Technician (partner NGO staff supervising CHVs)
WASH	Water, Hygiene and Sanitation
YPE	Youth Peer Educator

EXECUTIVE SUMMARY

During the Project Year 2, Quarter 1, USAID|MIKOLO launched direct collaboration with the Government of Madagascar, working closely with the Ministry of Public Health (MOPH). The Ministry reviewed project strategies and tools, adopting some for national use. Among others, these included the following :

- A job aid was finalized in partnership with the MOPH to inform health system entities about the National Community Health Policy.
- Training strategies and curriculums were developed and revised with MOPH input for CHVs, health center managers, health committees, commune health commissions, District Health Management Teams (EMADs), NGOs and Support Technicians.
- USAID|MIKOLO and the MOPH trained 19 MOPH central office staff to conduct trainings for EMADs.
- The USAID|MIKOLO BCC, Gender, and Youth strategies were validated by stakeholders and the MOPH, as well as the Youth Peer Educator curriculum.

USAID|MIKOLO further developed the capacity of health institutions and systems to manage and lead for improved health outcomes and to take charge of local health initiatives. *Commissions Communale de Développement de la Santé* (CCDSs) met the criteria for being functional in all 375 communes, and *Comités de Santé* (COSANs) in 362 communes met the criteria for being functional. Eighteen NGO staff and 113 Support Technicians (STs) and supervisors were trained in leadership and managements. The nine NGO grants were extended while a tendering process was implemented for new impact grants, and an NGO Network was launched to continue to develop the capacity of USAID|MIKOLO NGO grant recipients.

CHV evaluation systems were developed and implemented. NGO STs conducted supervisory site visits for 97% of CHVs during the quarter. Half of all active CHVs achieved the minimum quality score for community case management of childhood illness, and 47% achieved the minimum score for family planning counseling, surpassing the targets.

Behavior change strategies were defined for adoption of healthy behaviors. Criteria were defined for commune, fokontany, and household "Champions of Health." One hundred fourteen Youth Peer Educators were trained in pilot activities and the strategy refined. In two regions, 88 women's groups were formed by USAID|MIKOLO trained facilitators.

CHVs continued to provide important health services to women and children in their communities, while participating in supervision visits, meetings at the commune health centers and with Health Committees, and document their activities and commodity supply access to submit monthly reports to USAID|MIKOLO. Key achievements include the following:

- 82% of CHVs submitted monthly activity reports.
- 40,565 children were treated for diarrhea, pneumonia, and malaria; 117,192 children received growth monitoring and nutrition.
- 64,033 women received family planning services during this period and 17,964 women started new family planning services.

- 7,201 women and children were referred to health centers for severe, complicated, or emergency cases.
- 3,894 pregnant women were referred by CHVs for ANC visits.

New and innovative practices were introduced into the updated training strategies, including the revised WHO Child Growth Standards, the use of pregnancy tests during reproductive health and family planning counseling sessions, and the use of Chlorhexidine for umbilical cord care and infection prevention.

In conclusion, the USAID|MIKOLO team has established productive working relationships with the MOPH and other Government of Madagascar entities to align the project activities with the national and local systems, and to bring the public health system into the planning and supervision of community health. USAID|MIKOLO has made significant process during the quarter and is on track to achieve all indicators by the end of the project year.

INTRODUCTION

USAID|MIKOLO is a five-year project (2013-2018) implemented by Management Sciences for Health (MSH), with international partners, Catholic Relief Services (CRS) and Overseas Strategic Consulting (OSC), as well as Malagasy partners, *Action Socio-sanitaire Organisation Secours* (ASOS) and *Institut de Technologie de l'Education et du Management* (ITEM).

The project aims to increase the use of community-based healthcare services and the adoption of healthy behaviors among women of reproductive age, children under five, and infants. The project contributes to Madagascar's achievement of Millennium Development Goals 4 and 5 by improving maternal and child health services and access to information.

The USAID|MIKOLO project revolves around two main objectives: (1) improving health by enhancing the quality of primary health services at the community level, as well as access to and demand for these services; and (2) strengthening the capacity of local NGOs to support quality community health services and to be direct recipients of funding in the future.

The project is designed to achieve these objectives through the following four sub-purposes:

- 1) sustainably develop systems, capacity, and ownership of local partners;
- 2) increase availability of and access to primary health care services in project target communes;
- 3) improve the quality of community-level primary health care services; and
- 4) increase the adoption of healthy behaviors and practices.

The project uses a community-based approach that incorporates approaches to reduce gender inequity and sustainability to improve the lives of the poorest and most vulnerable women, youth, children, and infants. By empowering the Malagasy people to adopt healthy behaviors and providing access to integrated family planning (FP), reproductive health (RH), maternal, newborn, and child health (MNCH), and malaria control services, and by actively involving civil society, USAID|MIKOLO will help put Madagascar back on the path to health and development.

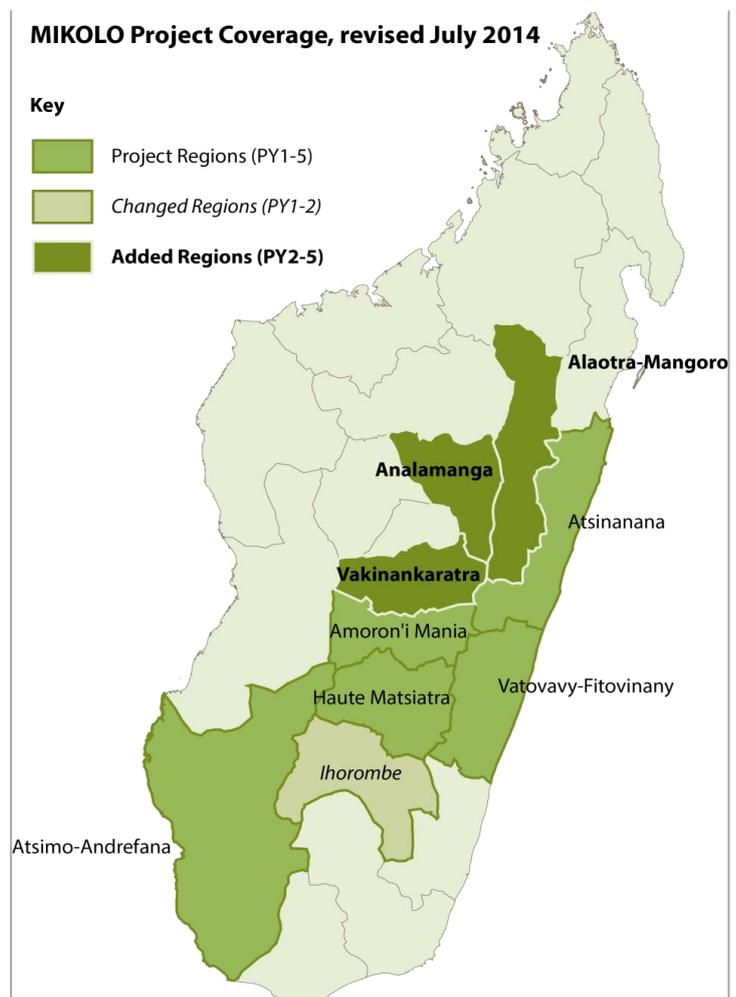
The project emphasizes the involvement and development of NGOs, community organizations, and a cadre of community health volunteers (CHVs) who provide quality services, and serve as change agents and elements of a sustainable development approach. As part of this approach, USAID|MIKOLO works with and through local organizations to: strengthen the health system and local institutions (sub-purpose 1); and increase the number of CHVs, strengthen relationships with providers of long-acting and permanent methods (LAPM) of FP, and improve FP commodity security (sub-purpose 2). The project implements a system for quality improvement (sub-purpose 3) and behavioral change communication (BCC) activities (sub-purpose 4) to encourage the Malagasy people to adopt healthy behaviors and access services conforming to norms and standards.

At the planning stage, collaboration with the Government of Madagascar was not possible due to U.S. Government sanctions. However, the US Government has recently lifted the sanctions after the open and eligible elections in 2013. Starting in the second project year,

following USAID approval, the project is beginning direct collaboration with the Government of Madagascar.

During the second year, the project will expand coverage to work in 9 regions (of the 22 total regions nationally, see inset map), 46 districts, and 529 communes of Madagascar, targeting a population of about 6.5 million. USAID|MIKOLO focuses on the villages more than 5 km from the closest health center, for a target population of 3.5 million. Initially, USAID|MIKOLO planned to support 506 communes in six regions that are stable and with adequate access to the population. Following recent approval from USAID, the project will expand to three new regions in the second year. Simultaneously, the project will reduce activities in the Ihorombe region, the least populated of the 22 regions of Madagascar, where permanent insecurity prohibits USAID|MIKOLO access and assistance to the 23 communes. Supervision of CHVs is difficult due to the insecurity, remoteness, and nomadic tendencies of the population there. The nomadic culture also presents challenges in efforts to strengthen community institutions.

Figure 1: USAID|MIKOLO Project Coverage Changes in Year 2



Given the new opportunity to collaborate with the Malagasy government beginning in Year 2, it is more efficient for USAID|MIKOLO to consolidate and strengthen gains from communes previously supported by USAID in the added project regions. So, this year, project will gradually phase-out from the Ihorombe region, ceasing activities by the end of this fiscal year.

After engaging discussions with the Ministry of Public Health (MOPH) during this quarter, USAID|MIKOLO will adopt a district-based approach in all project covered geographical zones. The project will collaborate with the District Health Services (SSD) and the basic health center (CSB) managers to train CHVs, and to collect data and their use for decision making to improve quality of services offered at the community level.

Recognizing that all the elements of national policy of community health are not yet operational and are not enough to support CHV, USAID|MIKOLO suggests to work through implementing NGOs in all targeted regions and communes to conduct CHV training (along with the Ministry of Public health) and to ensure CHV supervision.

The quarterly report covers project achievements during the quarter where activities continued in the 375 original intervention communes that began in project year 1. USAID approved the project's expansion into the new 154 communes in the three new regions (Analamanga, Vakinankaratra and Alaotra Mangoro) in November 2014. Start-up activities are underway and results will begin to be achieved in Quarters 2 and 3.

RESULTS

SUB-PURPOSE 1: SUSTAINABLY DEVELOP SYSTEMS, CAPACITY, AND OWNERSHIP OF LOCAL PARTNERS

Results Summary

USAID|MIKOLO conducted trainings for NGO staff including Support Technicians (STs) and supervisors, establishing capacity at the regional level to roll out future trainings and to ensure that the support to CHVs is effective.

- **362 communes have functioning COSANs, and 375 communes have functioning CCDs**

N°	INDICATOR	TARGET PY2	ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
			Q1 RESULT	PY2 % COMPLETE	
1.1	Number of Communes with functioning COSANs	352 Original Communes	362	103%	72%
		154 New Communes	n/a	n/a	
1.2	Number of Communes with functioning CCDs	352 Original Communes	375	107%	74%
		154 New Communes	n/a	n/a	

Explanation:

In all of the original 375 communes where activities were implemented in Quarter 1, the *Commissions Communale de Développement de la Santé* (CCDSs) met the criteria for being functional, as defined by USAID|MIKOLO and partner NGOs at the beginning of the project, including: (1) developing or revising a workplan and (2) holding regular biannual coordination meetings.

In 362 of the original 375 active communes, *Comités de Santé* (COSANs) met the criteria for being functional, based on the criteria of (1) establishing or updating a workplan at least semiannually, (2) holding regular monthly meetings with CHVs, and (3) passing a commune decree formally establishing the COSAN. In 13 of the original communes, the decree has not yet been issued to formalize the COSAN structure, and the COSAN's have not yet met the criteria to be counted as functional. The project expects these communes to issue the decree and be counted as functional in the next quarter.

Results under this indicator were expected to be largely achieved within the first quarter, as realized. Establishing functional COSANs and CCDs is one of the preliminary steps in the PY2 workplan and will support the subsequent activities.

These results surpass the indicator targets established for the original communes in PY2 as activities continued in all 375 original communes during the quarter. However, USAID|MIKOLO will be closing out direct activities in the region of Ihorombe during the coming months, and direct support will cease to the 23 communes in the region by the end

of PY2. EMADs in Ihorombe will continue to benefit from USAID|MIKOLO capacity building, and will be able to provide some ongoing support to the COSANs and CCDs. However, due to the elimination of project activities in Ihorombe in PY2, the target does not include those 23 communes. The PY2 target is set to include only the 352 original communes outside of Ihorombe which will receive support for the entire year.

Next Steps:

The project will continue to provide support to the COSANs and CCDs within the 352 original communes outside of Ihorombe, to continue implementing their workplans and meeting as scheduled, maintaining the functionality of these entities. The 13 COSANs which did not receive a formal decree in Q1 will receive support for the decree to be issued and the COSANs to be counted as functional. Existing decrees will be submitted to the MOPH for inclusion in their database.

The COSANs and CCDs will be provided with the criteria and guidance to develop the Commune Champions of Health (see Sub-purpose 4).

In Quarter 3, COSANs and CCDs in the 154 new communes will receive project support to become functional.

➤ **94% of CHVs attended COSAN meetings during the quarter**

N°	INDICATOR	TARGET PY2	ACHIEVEMENT Q1	
			Q1 RESULT	PY2 % COMPLETE
1.4	Percent of CHVs in project areas attending monthly COSAN meetings out of the total # of CHVs in the health center catchment area	75% in Original Communes	94%	125%
		70% in New Communes	n/a	n/a

Explanation:

CHVs attended COSAN meetings during the quarter. CHV group monitoring continues from Santénet2, and this long history has established a strong commitment by CHVs in attending the sessions. In addition, the site supervision by Support Technicians further reinforces the importance of CHV attendance at the COSAN meetings for learning and for sharing of knowledge and experiences, and to improve coordination for local health initiatives. This success is facilitated by the high rate of functional COSANs in the original project communes as described above.

As USAID|MIKOLO expands into new project communes during PY2, working with COSANs and CHVs new to the project, this rate may decline while refresher trainings are provided and both COSANs and CHVs are brought up to a functional level.

Next Steps:

During Q2, the project will continue to monitor these monthly meetings of CHVs with COSAN and analyze data from the meeting reports

➤ **Preparations underway for leadership and management capacity building in Q3 for COSANS, CCDSs**

N°	INDICATOR	TARGET PY2	ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
			Q1 RESULT	PY2 % COMPLETE	
1.3.1	Number of people (COSAN, CCDS) trained with increased Leadership and Management knowledge and skills	4,500 in Original Communes 2,160 male 2,340 female	2,352 1,627 male 725 female	52%	37%
		1,848 in New Communes 906 male 942 female	n/a	n/a	

Explanation:

During Quarter 1, preparations were completed for leadership and management trainings for COSANS and CCDSs. The new training strategy was finalized and the curriculum was developed and finalized, in collaboration with the MOPH. The new strategy maintains high quality standards while simplifying the learning plan for participants through new "learning paradigms," and introduces innovative training techniques. Training themes are integrated for participants, reducing the number of training days required and strengthening supervision of stakeholders.

Learning tools and job aids were developed for COSANS and CCDSs, including:

- A technical guide for implementing the National Community Health Policy (NCHP). The double-sided sheet, developed with the MOPH *Direction des Districts* and validated by the MOPH, summarizes the key points of the Policy, and outlines the responsibilities of the different entities and the related activities of the USAID|MIKOLO project.
- A new and simple approach, the "Challenge Model," to develop and monitor commune health action plans.
- Commune and Household "Champions of Health" criteria summary for COSANS and CCDS.
- CCDS and COSAN supervision and monitoring guide for Youth Peer Educators (YPE), Women's Groups, and Men's Groups, contributing to the achievement of "Champion of Health" models.

The NCHP encourages communities to take charge of health and sanitation initiatives. The COSAN and CCDS curriculum was designed to develop the capacity of these entities to engage the population of their communes and to take responsibility for health interventions in accordance with the NCHP.

USAID|MIKOLO, with partner NGOs and Support Technicians are implementing refresher trainings for the current members of 12 COSANS and CCDSs in the original communes in December 2014 reaching more than 2,350 COSAN and CCDS participants. The first day of the training covers the NCHP, "Champion of Health" criteria, and implementation strategies for YPE and Women's and Men's Groups. The second day covers the "Challenge Model" for evaluating and revising health action plans.

USAID|MIKOLO anticipates achieving the full target for these indicators, with the remaining results achieved in Quarters 2, 3, and 4 as trainings are rolled out.

Next Steps:

Additional trainings will be held later in Q2 for other original communes, followed by trainings later in PY2 for the new communes. A biannual meeting for COSANs and CCDs will be held in Q3.

➤ **124 EMAD trained by 19 MOPH Trainers**

N°	INDICATOR	TARGET PY2	ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
			Q1 RESULT	PY2 % COMPLETE	
1.3.4	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	170 in Original Communes 83 male 87 female	124	73%	54%
		60 in New Communes 29 male 31 female	n/a	n/a	

Explanation:

USAID|MIKOLO began working directly with the MOPH through the Direction de Développement des Districts Sanitaires (3DS) and l'Equipe de Management du District Sanitaire (EMAD) in relation to community health. With stakeholders, the involvement and role of EMAD and CSB in the USAID|MIKOLO project was defined.

The EMAD training strategy was developed and designed to work with the MOPH central team to create a pool of trainers from both MOPH and USAID|MIKOLO to conduct the EMAD trainings. The revised EMAD and NGO training strategy will be shared with partners and stakeholders, with a new training dashboard. The new training curriculum was validated by the MOPH and partners.

Nineteen (19) facilitators were trained over four days by the MOPH in technical and managerial capacities to be able to conduct trainings for different health themes. They represent: General Directorate of Health (2), Health District Directorate (4), Department of Training and Staff Development (2), Directorate of Health of the Child, Mother and Reproduction (9), Directorate of National Policy against Malaria (2).

The EMAD training curriculum was developed to include the following themes for capacity building:

- Leadership and Management trainings including curriculum drawn from MSH's expertise and global experience;
- National Community Health Policy, including the USAID|MIKOLO MOPH job aide, which provides a framework for health interventions at the community level to be coordinated and standardized;

- Coaching according to the OPERA process to facilitate the supervision of the CSBs.
- The priority health issues and innovative health interventions are also incorporated into this training schedule to condense multiple trainings for EMAD into a single event for cost and time efficiencies.

Trainings have been conducted by the newly trained MOPH and USAID|MIKOLO trainers in December 2014 and will continue in January for EMAD members from 34 districts in original project zones.

Next Steps:

Trainings will be organized for the new project areas later in PY2. The EMAD members will then reinforce the capacity of CSB managers and NGO Support Technicians to facilitate the project implementation. The Sub-purpose 2 team will provide support planning the cascade trainings.

- **128 NGO Support Technicians and Supervisors (91% of PY2 target in the original communes), and 18 key NGO staff (60% of PY2 target in the original communes) trained in leadership and management**

N°	INDICATOR	TARGET PY2	ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
			Q1 RESULT	PY2 % COMPLETE	
1.3.2	Number of people (NGO) trained with increased Leadership and Management knowledge and skills	30 in Original Communes 15 male 15 female	18 12 M 6 F	60% 80% M 40% F	46%
		9 in New Communes 4 male 5 female	n/a	n/a	
1.3.3	Number of people (TA and supervisor) trained with increased Leadership and Management knowledge and skills	140 in Original Communes 69 male 71 female	128 85 M 43 F	91% 109% M 54% F	64%
		60 in New Communes 29 male 31 female	n/a	n/a	

Explanation:

USAID|MIKOLO designed and implemented a self-assessment for Support Technicians to identify their needs for capacity building and to capture their experiences from PY1. Self-assessments elicit more honest results and promote ownership of learning and performance by participants. Topics include:

- CCDS: training, participatory planning, quarterly meetings
- COSAN: monthly meetings
- CHVs: training, monthly site supervision, tools
- Gender
- Youth Peer Educators
- Reporting, sending data

- Training, supervision, sharing experiences
- Topics to strengthen, needs for ongoing support
- Challenging tasks, tasks demonstrating their ability

Following the self-assessment, a Support Technician refresher training curriculum was developed with two objectives: (1) for Support Technicians to take ownership of learning in need areas identified on their self-assessment; and (2) for Support Technicians to lead refresher training sessions for CCDSs and COSANs. Four relevant sessions were designed: coaching for supervision, productive communication and leadership, reporting, and familiarization with the CCDS and COSAN training curriculum. The training was held for two days at each of the five regional offices for a total of 128 current Support Technicians in November and December 2014. This training prepared them to conduct trainings for the local entities beginning in Quarter 2. With the first round of trainings, the project achieved 60% of the NGO staff and 91% of Support Technicians in the original communes during the quarter. Later in PY2, subsequent rounds of trainings will be provided for new staff in the original project areas as well as the NGO staff in the new project areas, achieving the full target by the end of the year.

USAID|MIKOLO launched an NGO Network of partners to continue to build leadership and management capacity. During Quarter 1, an MSH Leadership and Management expert, Sylvia Vriesendorp, conducted training for the NGO partners.

USAID|MIKOLO has noted the gender imbalance in partner NGO staff, as evident in the male and female breakdown of leadership and management training results. The project team will encourage partner NGOs to hire and promote qualified female staff to work on the MIKOLO project.

Next Steps:

Leadership and management trainings for NGO Support Technicians who join the project after Q1 will be rolled out later in PY2. Supervision of Support Technicians will continue.

NGOs selected for the new impact grants will be added to the NGO Network in Quarter 2 as the grants are issued, and will attend future meetings. During the upcoming NGO Network meeting, themes will be developed for additional capacity building throughout the year. USAID|MIKOLO will conduct a PACO analysis in Q3 to determine the capacity building needs of the new NGOs and will implement leadership and management trainings as deemed appropriate.

USAID|MIKOLO will work with NGO partners to review the gender balance on their staff and to make efforts to recruit and promote qualified women for new positions in an effort to achieve the gender indicator targets.

- 108 Field Agents recruited and trained to establish SILCs and CSLFs
- 8 SILCs established with 62% female membership

N°	INDICATOR	TARGET PY2	ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
			Q1 RESULT	PY2 % COMPLETE	
1.5	Number of COSAN savings and loans funds (CSLF) established	13 in Original Communes	0	0%	0%
		0 in New Communes	n/a	n/a	
1.6	Number of Saving and Internal Lending Community (SILC) established at the community level	534 in Original Communes	8	1%	1%
		0 in New Communes	n/a	n/a	
1.7	Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment) (% of SILC members that is female)	70% in Original Communes	62%	86%	86%
		0 in New Communes	n/a	n/a	

Explanation:

During Quarter 1, USAID|MIKOLO recruited and trained 108 Field Agents in the protocol for establishing COSAN Saving and Loan Funds (CSLFs) for COSAN members and CHVs, as well as Saving and Internal Lending Communities (SILCs) for any village residents. CSLFs will be encouraged to invest in health objectives, such as purchasing health commodities in bulk for CHV service provision, to avoid stock-outs.

A limited number of pilot SILCs were established, with an average female membership of 62%. The majority of SILCs will be established and supported in Quarter 2. With the preparations underway, the project therefore anticipates achieving the full targets for these indicators in PY2, with results achieved beginning in Quarter 2.

Next Steps:

Training for Field Agents will continue in Q2, and then the trained Field Agents will begin to establish SILCs and CSLFs in February 2015.

- **9 local implementing partner NGOs received cost extensions to PY1 grants to continue implementation during Q1.**
- **68 Proposals have been received for new PY 2 NGO grants**

N°	INDICATOR	TARGET PY2	ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
			Q1 RESULT	PY2 % COMPLETE	
1.8	Number of NGOs eligible to receive direct awards made by USAID	0 in Original Communes	n/a	n/a	n/a
		0 in New Communes	n/a	n/a	
1.9	Number of local NGO awarded	10 in Original Communes	9	90%	64%
		4 in New Communes	n/a	n/a	

Explanation:

Nine NGOs continued to implement grants received during PY1, with cost extensions issued to continue implementation during Quarter 1.

During Quarter 1, USAID|MIKOLO implemented a grant solicitation process to prepare for to issue impact grants in Q2:

1. The project released the call for proposals for impact grants, in 14 lots, with wide dissemination across all USAID|MIKOLO project areas.
2. In response to the extensive interest of over 100 participants, the project held a pre-application informational meeting.
3. USAID|MIKOLO received a total of 68 proposals, including 46 in the original project areas and 22 in the new project regions in November 2014.
4. A Proposal Review Committee was established, composed of representatives from the USAID|MIKOLO technical teams at the central and regional level and members of the grant management team.
5. An initial analysis of the eligibility and applicability of the proposals was conducted by the Proposal Review Committee and Grants Committee, based on the requirements set forth in the solicitation, and proposals found to meet the eligibility requirements were put forth for a full review.
6. A complete analysis of the eligible proposals, both technical and financial, was conducted by the Proposal Review Committee, and results were presented to the USAID|MIKOLO Grant Committee and Directors.
7. NGOs in the original project regions were pre-selected for some of the first 10 lots, and a thorough analysis of the financial proposal was conducted.

Indicator 1.8 is not scheduled to be achieved until PY3 and later, following further grant implementation experience and capacity building for the NGOs under USAID|MIKOLO, and a target of zero has been established for PY2.

Next Steps:

Impact grants will be issued to selected organizations in Q2. USAID|MIKOLO will work with the selected applicants to finalize budgets and grant agreements. Once the grants have been issued, USAID|MIKOLO will host an orientation workshop.

SUB-PURPOSE 2: INCREASE AVAILABILITY AND ACCESS TO BASIC HEALTH SERVICES IN THE PROJECT'S TARGET COMMUNES

Results summary

USAID|MIKOLO surpassed targets for Quarter 1 based on the PY2 workplan and annual targets established for each indicator.

The results provided in this report are based on monthly health service reports received from the CHVs in the original 375 project communes, with an average monthly reporting rate of 82% during the quarter. Actual results may be higher. The CHV reporting rate for commodity stock-outs has been more challenging, with an average monthly rate of only 58% during the quarter. USAID|MIKOLO continues to work with the NGO partners to increase and facilitate the CHV monthly reporting rates.

In summary:

- CHV training curriculum was reviewed and revised with the MOPH, with new innovative practices added including the use of pregnancy tests and chlorhexidine.
- Essential health commodities and supplies were available to CHVs to provide necessary care in their communities. CHVs reported stock-outs at rates lower than the target limit established.
- CHVs exceeded the quarterly targets for the number of health services provided to women and children, including:
 - 40,565 children treated for diarrhea, pneumonia, and malaria, and 117,192 children provided with growth monitoring and nutrition programs.
 - 64,033 women received continued family planning services during this period; 17,964 women received family planning counseling and methods for the first time; 13,687 couple years of protection were provided.
 - 7,201 women and children were referred to and sought services at CSBs for severe, complicated, or emergency cases.
 - 3,894 pregnant women were referred by CHVs for ANC visits

In Quarter 1, USAID|MIKOLO began coordination with the Ministry of Public Health (MOPH). Project strategies, training curriculums, and new innovative technologies were aligned with the priorities, policies, and practices of the MOPH. MOPH staff at the national, district and CSB levels were engaged in project planning, with roles and responsibilities established for optimal coordination and local ownership. Trainings planned for PY2 will cascade from USAID|MIKOLO to NGO, District and CSB managers down to CHVs to optimize the involvement of the public sector in community health management.

➤ **CHV training curriculum updated with new components, and revised with MOPH input**

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1 (375 Original Communes Only in Q1)		% COMPLETE
		375 Original Communes	154 New Communes	Q1 RESULT	PY2 % COMPLETE	COMBINED PY2 TOTAL
2.1	Number of additional USG-assisted community health workers (CHVs) providing Family Planning (FP) information and/or services during this year	1,286	906	0	0%	0%
	male	592	417	0	0%	0%
	female	694	489	0	0%	0%
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs)	923	942	0	0%	0%
	male	425	433	0	0%	0%
	female	498	509	0	0%	0%
2.9	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy)	923	942	0	0%	0%
	male	425	433	0	0%	0%
	female	498	509	0	0%	0%
2.13	Number of people trained in child health and nutrition through USG-supported programs	0	1,848	0	0%	0%
	male	0	850	0	0%	0%
	female	0	998	0	0%	0%

Explanation:

In the first quarter, the CHV training curriculum was prepared and revised in each of the technical areas, including FPRH, case management and diagnostics for malaria, child health and nutrition. The CHV training curriculum is revised to include the following new components:

- WHO Child Growth Standards

- Chlorhexidine antiseptic for umbilical cord care to prevent newborn infection
- Pregnancy tests for women of reproductive age prior to provision of family planning commodities (or, if positive, women are referred to ANC appointments at the CSB).

The USAID|MIKOLO team familiarized the MOPH and EMAD district teams with the curriculum and incorporated their feedback into the training program.

Trainings are scheduled to begin in March 2015, and results for these indicators will be available in Quarters 2 and 3.

Next Steps:

The CHV training curriculum will be validated by the MOPH. In Quarter 2, CSB and NGO staff will be trained in the new CHV curriculum to be able to implement the cascade trainings. CHVs in the original 375 communes will be trained to be polyvalent in both FPRH and child health beginning at the end of Quarter 2 and in Quarter 3, with sessions to provide the new information on Child Growth Standards and use of chlorhexidine for newborn care. Simultaneously, CHVs in the 154 new communes will receive refresher training in their basic skills.

USAID|MIKOLO will continue to explore the possibility with the MOPH of adding the use of misoprostol, if the product is available, to prevent hemorrhage after childbirth, reducing maternal mortality, to the CHV training.

➤ **CHVs reported stock-outs of health commodities at rates within acceptable project target limits**

N°	INDICATOR	TARGET PY2	ACHIEVEMENT Q1
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of Oral contraception products	25%	10% (Pilplan-PSI) 32% (Lofemenal-CSB)
2.6	Percent of service delivery points (CHVs) that experience a stock-out at any time of DMPA products	25%	16%
2.12	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	20%	8% (ACT ZZ) 6% (ACT ZZK)
2.18	Percent of service delivery points (CHVs) that experience a stock-out at any time of ORS/Zinc	45%	17% (ORS) 18% (Zinc) 27% (VIASUR)
2.19	Percent of service delivery points (CHVs) that experience a stock-out at any time of Pneumostop®	35%	18%

Explanation:

The availability of health commodities for CHVs remained within the target limits during Quarter 1; however USAID|MIKOLO continues to work to further decrease the incidence of stock-outs and ensure availability of drugs and commodities for CHVs.

USAID|MIKOLO collects monthly reports from CHVs to track the availability or stock-outs of essential drugs and commodities, and coordinates regularly with PSI (USAID-funded Integrated Social Marketing Program) and the district public supply system (Phagecom) through the CSB to improve the reliability of provisions for CHVs at the commune/CSB level in all project regions. Trained CHVs have access to both the PSI commune supply points as well as the CSB for essential health commodities as needed. In the case of oral contraceptives, for instance, if the CSB does not have any in stock, the CHVs can instead obtain them from the PSI distribution point if timing allows.

The CHV reporting rate for commodity stock-outs has been 58% during the quarter. Child Level One CHVs are not yet eligible to provide commodities and therefore are not required to submit commodity availability reports. Commodity supply reports were not a requirement and some CHVs are not yet in the habit of submitting them along with their activity reports every month, which also accounts for the lower reporting rate this quarter. In addition, USAID|MIKOLO has discovered that some CHVs coordinate together to submit a single commodity report, which results in lower numbers of reports even though the necessary data is collected. The USAID|MIKOLO team is working with partner NGOs to facilitate higher rates of CHV reporting on commodity availability and stock-outs.

Madagascar experienced a stock-out of ACT at the national level during the quarter, impacting MIKOLO distribution points. In October 2014, the District Health Service issued an alert of elevated malaria cases in Betioky, which coincided with a complete stock-out of RDT and ACT (with none available at the CSB level). USAID|MIKOLO coordinated with PSI to facilitate distribution of ACT to regions where CHVs reported stock-outs. This coincided with an unusual increase in malaria cases before the rainy season began in three project regions known to be higher risk for malaria, Atsimo-Andrefana, Atsinanana, and Vatovavy-Fitovinany.

Next Steps:

USAID|MIKOLO will continue to increase the rate of reporting of stock-outs and supply availability by CHVs to provide more comprehensive data to PSI and the public supply system for supply planning. This will be especially important during Quarter 2 when seasonal childhood illnesses including malaria and diarrhea are likely to escalate. A new Supply Specialist was recruited to coordinate efforts to further reduce the occurrence of stock-outs. The central USAID|MIKOLO team will follow up regularly with the NGOs who will monitor the Support Technicians (STs) and report collection processes.

USAID|MIKOLO will begin conducting epidemiologic research and monitoring in malaria zones to better manage and plan for malaria prevention and treatment. A Peace Corps volunteer will partner with USAID|MIKOLO to coordinate this activity, beginning in Quarter 3.

REPRODUCTIVE HEALTH AND FAMILY PLANNING

- 17,964 new users of family planning (FP) methods during the quarter
- 64,033 continuing users of FP methods during the quarter
- 13,687 couple years of protection

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1 (375 Original Communes Only in Q1)		% COMPLETE
		375 Original Communes	154 New Communes	Q1 RESULT	PY2 % COMPLETE	COMBINED PY2 TOTAL
2.2	Couple Years Protection (CYP) in USG supported programs	45,441	8,154	13,687	30%	26%
2.3	Number of new users of FP method	63,205	10,193	17,964	28%	24%
2.4	Number of continuing users of FP method (monthly average)	105,341	17,663	64,033	61%	52%
2.7	Number clients referred and seeking care at the nearest health provider by CHW for LAPMs	5,425	680	1,674	31%	27%

Explanation:

CHVs in the 375 original communes exceeded their FP targets for Quarter 1, including the following results:

- 64,033 continuing FP users (61% of PY2 target for original communes)
- 1,674 clients referred for LAPM (31% of PY2 target for original communes)
- 13,687 couple years protection (30%% of PY2 target for original communes)
- 17,964 new FP users (28% of PY2 target for original communes)

CHVs provided family planning counseling, ensuring free and clear choice and access to information to clients, in accordance with the Tiahrt Amendment.

Next Steps:

CHVs in the original communes will continue to provide FPRH services to clients in Quarter 2.

Following the Q3 trainings for CHVs to become polyvalent in the original communes, and refresher training for CHVs in the new communes, the numbers of FP services and users will rise further. In the Q3 trainings, CHVs will also learn to use pregnancy tests during counseling sessions, providing confidence to women who test positive to consider family planning methods, or alternatively women who test positive will be referred to the CSBs for ANC visits.

USAID|MIKOLO currently refers clients to Marie Stopes International for LAPM in the zones where services are available. The project continues to seek new LAPM service providers in project areas not served by Marie Stopes.

MALARIA

- **25,468 children with fever received an RDT (44% of PY2 target), of which 12,939 tested positive for malaria and received ACT**

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1 (375 Original Communes Only in Q1)		% COMPLETE
		375 Original Communes	154 New Communes	Q1 RESULT	PY2 % COMPLETE	COMBINED PY2 TOTAL
2.10	Number of children with fever in project areas receiving an RDT	50,486	7,065	25,468	50%	44%
	male	24,233	3,391	12,449	51%	45%
	female	26,252	3,674	13,019	50%	44%
2.11	Number of children with RDT positive who received ACT	25,243	4,710	12,939	51%	43%
	male	12,117	2,261	5,773	52%	44%
	female	13,126	2,449	6,104	51%	43%

Explanation:

In the 375 original communes, a significant number of children were tested, diagnosed, and treated for malaria in Quarter 1 (50% of the annual target for those communes).

USAID|MIKOLO staff is investigating these results to understand whether the malaria prevalence was higher than expected during the reporting period or whether these higher numbers represent higher utilization and effectiveness of CHV services. CHV activity data malaria rates will be compared with epidemiological data and the data collected at CSBs in the zones with high prevalence to compare trends. The latter could represent greater trust by families in the services provided by CHVs, and improved child health care by the CHVs.

Malaria rates were unusually high in the regions of Atsimo-Andrefana, Atsinanana, and Vatovavy-Fitovinany during the quarter, months before the rainy season. Simultaneously, ACT stock-outs were found nationally, impacting the availability of ACT in some project areas. USAID|MIKOLO is assessing whether any CHVs encountered cases of positive RDT tests for which they were unable to provide ACT.

Next Steps:

Malaria is expected to peak during Quarter 2, so the USAID|MIKOLO team is working to ensure the continuous availability of RDTs and ACT for CHVs each month in malarial zones. Partner NGOs will work to ensure that CHVs are available to provide health services to children during the peak months, and to encourage parents to follow malarial prevention protocol and to bring sick children to the CHVs for diagnosis and treatment as needed.

CHVs will continue to visit households with children and pregnant women to promote IPTp (Intermittent Preventive Treatment in Pregnant Women) and LLIN (Long-Lasting Insecticide-treated Nets).

MATERNAL, NEWBORN AND CHILD HEALTH

- **9,829 children treated for pneumonia**
- **5,268 children under age five treated for diarrhea**

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1 (375 Original Communes Only in Q1)		% COMPLETE
		375 Original Communes	154 New Communes	Q1 RESULT	PY2 % COMPLETE	COMBINED PY2 TOTAL
2.14	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	27,349	4,239	5,268	19%	17%
	male	13,127	2,035	2,526	19%	17%
	female	14,222	2,204	2,742	19%	17%
2.15	Number of children with pneumonia taken to appropriate care	27,349	4,239	9,829	36%	31%
	male	13,127	2,035	4,706	36%	31%
	female	14,222	2,204	5,123	36%	31%

Explanation:

During Quarter 1, CHVs treated 5,268 children with oral rehydration therapy (ORT) for diarrhea. This number represents fewer children treated than expected for the quarter, although the peak months for diarrhea illness will not start until Quarter 2. The lower prevalence of diarrhea cases may be in part a result of the USAID|MIKOLO WASH activities in the project areas, creating a cleaner environment for children with reduced exposure to the pathogens that would make them sick. WASH activities and healthy behavior promotion included key messages from CHVs to the clients to prevent diarrhea including use of latrines, drinking potable water, and washing hands. However, it is also possible that CHVs saw fewer cases because of some shortages of ORS. The project team is investigating the prevalence trends at health centers and from national level data to compare rates against those reported by CHVs to better understand the impact of project interventions.

The peak season for pneumonia cases is expected to be in winter months, and not during the reporting period, however CHVs reached an impressive 36% of the PY2 target in the 375 original communes. This elevated number of cases of children treated for pneumonia may be partially due to the improved services provided by CHVs, as CHVs began to use the USAID|MIKOLO provided timers for pneumonia diagnosis during the quarter, improving

diagnostic abilities. This also represents a higher health service usage rate by families, and the growing confidence of CHVs in treating childhood illnesses. Simultaneously, CHVs began to access antibiotics in capsule form in September 2014, which may be preferable to the syrup that was previously used.

Next Steps:

Diarrhea is expected to peak during Quarter 2, so the USAID|MIKOLO team is working to ensure the continuous availability of ORT for CHVs. Partner NGOs will work to ensure that CHVs are available to provide health services to children during the peak months, and to encourage parents to follow prevention protocol and safe practices for child health, and to bring sick children to the CHVs for treatment as needed. Further WASH activities will be implemented through project partners.

- **117,192 children received growth monitoring and nutrition services, representing 59% of the PY2 target for the original communes**

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1 (375 Original Communes Only in Q1)		% COMPLETE
		375 Original Communes	154 New Communes	Q1 RESULT	PY2 % COMPLETE	COMBINED PY2 TOTAL
2.16	Number of children reached by USG-supported nutrition programs (Number of children under 5 years registered with CHW for Growth Monitoring and Promotion (GMP) activities)	197,516	36,960	117,192	59%	50%
	male	94,808	17,741	55,069	58%	49%
	female	102,708	19,219	62,123	60%	51%

Explanation:

CHVs provided an incredible number of nutrition and growth monitoring services to children, serving 117,192 children in Q1 (achieving 59% of the PY2 target in the original communities). CHVs monitored child growth, provided education to clients for proper maternal and child nutrition, and referred children to the CSB in cases of severe malnutrition. The results in Q1 represent an intense effort by CHVs across project regions to launch growth monitoring and nutrition services in their *fokontanys* following their USAID|MIKOLO training during PY1. CHVs held events, many in cooperation with other CHVs, and some coinciding with events held by other development programs (i.e. food security) where they could reach a wide number of families and children. The growing confidence of the CHVs in their abilities, as well as the growing appreciation and trust in CHVs by families in project areas may also have contributed to the high turnout of parents and children for growth monitoring during the quarter.

One of the challenges the project faced in this area during the first year was the fact that some parents were reluctant to bring their children for growth monitoring sessions, partially due to a perceived low importance of these visits. USAID|MIKOLO conducted capacity building for CHVs in this area as part of their refresher training. On-site supervisions were also planned to enhance the capacity of CHVs in nutrition and growth.

Next Steps:

CHVs will continue to provide growth monitoring services to children. In addition, CHVs will be trained to use the WHO Child Growth Monitoring Standards in the Q3 and Q4 trainings.

- **3,894 women referred and seeking antenatal care (37% of the PY2 target for the original communes)**
- **1,196 women referred and seeking care for obstetric emergencies (142% of the PY2 target for the original communes)**
- **5,795 children referred and seeking care for severe illness (35% of the PY2 target for the original communes)**

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1 (375 Original Communes Only in Q1)		% COMPLETE
		375 Original Communes	154 New Communes	Q1 RESULT	PY2 % COMPLETE	COMBINED PY2 TOTAL
2.17	Number of newborns who received umbilical care through the use of chlorhexidine	5,750	3,085	0	0%	0%
2.20	Number ANC clients referred and seeking care at the nearest health provider by CHW	10,534	1,699	3,894 (2,290 1 st visit + 1,604 4 th visit)	37%	32%
2.21	Number cases referred and seeking care at the nearest health provider by CHW for neonatal emergencies	8,078	1,130	210	3%	2%
2.22	Number cases referred and seeking care at the nearest health provider by CHW for obstetric emergencies	843	136	1,196	142%	122%
2.23	Number cases referred and seeking care at the	16,482	1,766	5,795	35%	32%

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1 (375 Original Communes Only in Q1)		% COMPLETE
		375 Original Communes	154 New Communes	Q1 RESULT	PY2 % COMPLETE	COMBINED PY2 TOTAL
	nearest health provider by CHW for severe illness episodes (CU 5 years)					
	male	7,912	848	2,847	36%	33%
	female	8,571	918	2,948	34%	31%

Explanation:

CHVs effectively referred clients to the CSBs for follow up care for complications and emergencies that they could not treat. A total of 1,196 women were referred and sought obstetric care, and 5,795 children were referred and sought care for severe illnesses. CHVs exceeded the targets for the indicators in the first quarter in the 375 original USAID|MIKOLO communes.

The high number of cases referred to health providers may reflect the growing confidence of CHVs to detect current or potential danger signs in women and children and to make appropriate referrals. In addition, the number demonstrates growing confidence of the populations in the knowledge of the CHVs, as they choose to seek care from the CHVs in lieu of the traditional healer. However, CHVs reported a surprisingly low number of cases referred to health centers for neonatal emergencies. It is possible that this reflects poor record keeping or reporting by CHVs or that parents tend to take newborns directly to health centers when there are complications. This data may also indicate that, to a certain extent, women are receiving care earlier for ANC or obstetric emergencies, and improving their nutritional intake during pregnancy, reducing the number of neonatal emergencies. Alternatively, this low result may be a result of data collection and reporting. The project team is investigating these results to understand the actual scenarios and develop a strategy to address them.

Next Steps:

Chlorhexidine will be introduced with the new training in Q3 and Q4, so results will be counted under indicator 2.17 toward the end of PY2.

CHV training in Q3 and Q4 will present the new chlorhexidine treatment for umbilical cord care and infection prevention. STs will work with CHVs to understand the neonatal emergency reporting definitions and ensure accurate data collection and submissions.

SUB-PURPOSE 3: IMPROVE THE QUALITY OF HEALTHCARE SERVICES AT THE COMMUNITY LEVEL

Results Summary

The MOPH validated and adopted tools developed by the project which will be used not only by USAID|MIKOLO but by all implementing organizations nationwide.

The project's strategy for quality improvement/assurance of CHV service delivery and related tools were validated by the MOPH, including the DSEMR (Direction de la Santé de la Mère, de l'Enfant et de la Reproduction), DDDS (Direction du Développement des Districts Sanitaires) and PNLP (Programme National de Lutte contre le Paludisme), SFPP (Service de la Formation et du Perfectionnement du Personnel), as well as by other partners such as JSI/MAHEFA (John Snow Incorporated/Malagasy HENiky ny FAhasalamana) and MCSP (Maternal Child Survival Program), and brought to scale nationally. CHV job aids were developed and pre-tested and will be presented to the MOPH in Q2. The tools were developed to support the integration of mother and child health services and improve continuity of services at the community level.

USAID|MIKOLO developed innovative mechanisms to periodically assess the CHVs in order to improve their performance. The first wave of evaluations was completed by the NGO Support Technicians, on site, for every CHV. Half of the CHVs met the quality standards, exceeding the target, and demonstrating the effectiveness of the training and supervision strategies which began in PY1 and continued during this quarter.

- **50% of CHVs achieved the minimum quality score for community case management of childhood illnesses, exceeding the annual target**
- **47% of CHVs achieved the minimum quality score for family planning counseling, exceeding the annual target**

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1 (375 Original Communes Only in Q1)
		375 Original Communes	154 New Communes	
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	40%	40%	50%
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	35%	35%	47%

Explanation:

NGO partners conducted the first round of individual performance evaluations for every CHV. In Quarter 1, CHVs surpassed the projected PY2 targets in both case management of

childhood illnesses and family planning counseling. These results may be a result of the following factors:

- The targets for these indicators were based on the 2011 survey conducted by USAID, which was based on the same methodology and tools as those used for USAID|MIKOLO. In addition, MIKOLO added a client satisfaction component and also collected information on the completeness and timeliness of monthly reporting. Though possible, it is unlikely that these additions explain the results.
- There may be variance between STs in their understanding, competency, and use of the evaluation tool, as well as the transcription of data.
- The CHVs evaluated during Q1 have all received refresher training, supervision, and support during PY1, and continuing through the quarter, ensuring that they were well prepared with the necessary knowledge to succeed. The CHVs had benefited from months of working together with the STs and from developing a trusting relationship prior to the evaluation.

The percentage of CHVs achieving the minimum score is anticipated to remain constant, or slightly decrease, in subsequent quarters of PY2 as new CHVs are brought into the USAID|MIKOLO project and may not initially meet the minimum quality scores until they participate in refresher training and benefit from the supervision of STs. In addition, some NGOs and STs may change with the new impact grant selection in the following quarter and the new participants will need time to be trained, gain experience to implement routine QI/QA, and develop relationships with the CHVs.

NGO Support Technicians conducted the evaluation of CHVs using USAID|MIKOLO tools, which were developed to include the measure of client satisfaction.

Next Steps:

CHV evaluations will be repeated quarterly. Results from the evaluation inform the Support Technicians, NGOs as they provide capacity building and supervision for the CHVs. In addition, the results will inform the CHV and NGO trainings planned by USAID|MIKOLO.

The project will continue to improve the quality of service provision by the CHVs. A client-focused job aide has been developed and pre-tested to provide CHVs with the correct steps in service provision. The tool will be presented to the MOPH for technical review and then will be produced and distributed to all CHVs.

To continue to improve the evaluation strategy, USAID|MIKOLO will develop a system for data verification for the CHV evaluations and will further supervise NGO implementation of the evaluations. New NGO STs and CSB managers will be trained on the use of the evaluation tools. USAID|MIKOLO plans to engage staff in the regional offices to manage the implementation of service quality processes, pending USAID approval.

The CHV evaluations will also inform the process of selecting CHV Peer Supervisors and eventually toward CHV certification. CHVs who perform at a level two (i.e. a score of $\geq 80\%$) on two consecutive evaluations during a 6 month period will be eligible to become a CHV Peer Supervisor. The peer supervision system aims to increase the frequency of on-site supervision by bringing supervisors closer to CHVs. CHV Peer Supervisors will be

supervised by STs in collaboration with CSB managers. CSB managers will be trained accordingly, and supervised by the EMADs. This strategy will be implemented in the original communes with training beginning in Q2 and CHV Pair Supervision beginning in Q3.

- **82% CHV Monthly Activity Reports completed and submitted**
- **97% of current CHVs supervised by STs at service delivery sites, with an average of one visit during the quarter**

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1 (375 Original Communes Only in Q1)	
		375 Original Communes	154 New Communes	Q1 RESULT	PY2 % COMPLETE
3.3	Percent of monthly activity reports received timely and complete	75%	75%	82%	109%
3.4	Number of CHVs supervised at the service delivery sites	3,816	1,110	3,703	97%
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHVs	3	1	1	33%

Explanation:

With support from USAID|MIKOLO, partner NGOs provided critical support and supervision to CHVs. An impressive 97% of CHVs were supervised at their service delivery site by STs, an average frequency of one visit during the quarter.

Site supervision is a new activity under USAID|MIKOLO which was not provided under prior projects. During USAID|MIKOLO project site visits, CHVs noted their appreciation for this new level of ST support and supervision. The project is now working on putting in place a system to routinely evaluate the effectiveness of this on-site supervision.

As a result, CHVs surpassed the quarterly target for monthly reporting with a total rate of 82%. The USAID|MIKOLO CHV reporting system is effective and efficient for collecting monthly activity data.

Next Steps:

Support Technicians will continue to supervise CHVs with a quarterly site visit during PY2.

USAID|MIKOLO will continue to implement the service QI/QA strategy and to further analyze the CHV monthly reports to understand the data trends and to revise project strategies accordingly.

➤ **Formal coordination with CSBs established and CSB training materials developed**

N°	INDICATOR	TARGET 2015		ACHIEVEMENT Q1	% COMPLETE
		375 Original Communes	154 New Communes		
3.6	Number of CHVs having received refresher training.	0	1,848	0	0%
	male	0	850	0	0%
	female	0	998	0	0%
	Number of CSB manager having received refresher training.	348	146	0	0%

Explanation:

As the NGOs have been identified in both old and new communes, the project will start to update both the heads of the health centers (Chefs SBC) and the CHVs in Q2-Q3. CHVs in the new communes will receive refresher trainings later in Q2, results are not expected in for this indicator until Quarter 3.

Training preparations for CSB managers are underway in the original communes and results will be achieved in the subsequent quarter.

Next Steps:

CSB manager trainings will be completed in the original communes, and will begin in the new communes. The project will roll out the QI/QA strategy both to CHVs and CSBs and use the opportunity to simultaneously assure service quality and refresh service providers in MNCH service delivery.

SUB-PURPOSE 4: INCREASE THE ADOPTION OF HEALTHY BEHAVIORS AND PRACTICES

USAID|MIKOLO completed the validation of the BCC Strategy, including the Youth and Gender Strategies developed at the BCC Strategy Development Workshop during PY1. During the quarter, the strategies were first validated by the technical teams, followed by validation by project partners and stakeholders, including the Ministry of Public Health, Direction Générale de la Santé (DGS), Direction de la Lutte Contre les Maladies non-Transmissibles (DLMNT), Direction de Développement des Districts Sanitaires (DDDS), Service d'Information, Education, Communication (SIEC), and Ministries of Population and Youth and Sport. Through the new USAID|MIKOLO coordination with the Government of Madagascar, the MOPH plays a critical role in elaborating the strategy and facilitating the validation of the BCC strategy. Quarter 1 served primarily as a planning stage for the sub-purpose 4 objectives, and most results will be realized later in PY2.

➤ "Champion of Health" criteria developed for the Commune, *Fokontany*, and Household levels

N°	INDICATOR	TARGET 2015 (375 Communes)	ACHIEVEMENT Q1	% COMPLETE
4.1	Number of Communes having the status of Commune Champion	317	0	0
4.2	Number of certified Household Champions	3,168	0	0

Explanation:

The workplan for indicators 4.1 and 4.2 is on track to meet the PY2 targets. The Champion approaches process was designed to begin with a planning phase in Quarters 1 and 2 to develop the performance criteria for the Household, *Fokontany*, and Commune Champion classifications. During Quarter 1, criteria were defined and actors identified for each of the levels, refining the prior Commune Champion qualifications, and developing an initial set of standards for the new *Fokontany* and Household Champion certifications.

The results for indicators 4.1 and 4.2 are anticipated to be reported in Quarters 3 and 4 of PY2. The new system follows a simultaneous top-down and bottom-up approach, with eligibility for Commune Champions dependent, in part, on the success of *Fokontany* Champions beneath them, and eligibility of *Fokontany* Champions dependent on their promotion of Household Champions. As such, USAID|MIKOLO anticipates an initial increase of Household Champions, followed by *Fokontany* and Commune Champions as the project progresses through the second half of PY2.

Next Steps:

USAID|MIKOLO will conduct a small pre-test to confirm that the draft criteria are attainable and measurable at each level, and will coordinate with project partners for input and buy-in.

Once the MOPH has approved the approach, MSH will develop a cascade training curriculum about each "Champion of Health" level.

➤ **BCC Strategy finalized and messages under development**

N°	INDICATOR	TARGET 2015		ACHIEVEMENT T Q1	% COMPLET E
		375 Original Communes	154 New Communes		
4.3	Number of interactive radio spots broadcast	3,360	1,340	300	6%
4.4	Number of <i>fokontany</i> achieving Open Defecation Free (ODF) status	482	238	0	0%
4.5	Number of people gaining access to an improved sanitation facility	5,209	2,566	0	0%
	male	2,500	1,232	0	0%
	female	2,709	1,334	0	0%
4.7	Number of women reached with education on exclusive breastfeeding	3,245	2,255	0	0%

Explanation:

USAID|MIKOLO continued to broadcast the previously developed SantéNet2 radio spots through the month of October 2014, accounting for a total of 300 spots broadcast during Quarter 1. Following the completion of the radio contracts in October, no additional spots will be broadcast until the new USAID|MIKOLO BCC strategy messaging is implemented later in PY2.

The WASH messaging will be conducted primarily through the CHVs, the Women's Groups and Men's Groups (refer to the Gender section below), as well as through the promotion of the Champion of Health Household and *Fokontany*.

Likewise, collaboration with FAA (Fonds d'Appui à l'Assainissement) was set up to collect data on the WASH component in the project areas. FAA activities cover 22 regions of the island. Their targets include: (1) Open Fokontany Defecation Free ODF, (2) use of improved latrines, (3) Promotion of the 3 key messages WASH (Water Sanitation Hygiene). For the first quarter FY15, FAA could not provide the data to USAID|MIKOLO because of the delay validation of results by their partners (public and private sector).

Results for these indicators are planned for the later quarters of PY2.

The breastfeeding education will be conducted primarily through the CHVs and Women's Groups. This indicator was added during the quarter, and no results have been achieved. Results for this indicator are planned for the later quarters of PY2 after it has been provided to CHVs during the next round of training.

The project is on track to meet the PY2 target; most results will be reported in Quarters 3 and 4.

Next Steps:

According to the roll out of the new USAID|MIKOLO BCC Strategy, a preliminary workshop is planned to analyze existing BCC messaging and materials, followed by a technical workshop with stakeholders to finalize and validate the BCC messages and materials and determine the appropriate tools and communication mechanisms. The communication products, including printed materials, radio spots and micro-emissions will be developed, pre-tested, validated by the MOPH, and disseminated by the beginning of Quarter 3.

➤ **Youth Peer Educator curriculum revised**

N°	INDICATOR	TARGET 2015 (375 Communes)	ACHIEVEMENT Q1	% COMPLETE
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH) with increased knowledge and skills	2,174	0	0%
	male	1,022	0	0%
	female	1,152	0	0%

Explanation:

In PY1, 114 Youth Peer Educators (YPE) were trained in pilot activities in two regions with USAID|MIKOLO partner ASOS. During Quarter 1, the YPE training curriculum was revised and improved, incorporating feedback from the trainers and participants in the pilot sessions, as well as incorporating the MOPH health center training curriculum, and with input from the MOPH Adolescent Reproductive Health Service. The project is working with its NGO partners to support the trained youth peer educators to establish youth groups in their *fokontany* (one per *fokontany*) enabling them to bring youth together through community theatre, sports meetings and other activities.

The USAID|MIKOLO M&E team provided technical support to adapt management tools for the YPEs, including a register to record their awareness raising activities with adolescents and youth, a form to refer youth to the CHV or CSB for follow-up family planning or reproductive health services, and a monthly activity report form. USAID|MIKOLO has expanded the targeted youth to include adolescents ages 10-14 in response to the request of the MOPH.

Results for this indicator are planned to be accomplished in Quarters 3 and 4, once the cascaded trainings for YPEs are rolled out.

Next Steps:

During Quarter 2, the revised YPE curriculum will be presented to the MOPH for validation and additional Youth Peer Educators will be recruited. USAID|MIKOLO has developed a cascaded training plan, beginning with sessions implemented with district health officials for

CSB and NGO Support Technicians (TAs). The CSB and TAs will then train the YPEs beginning in March 2015. The YPE tools will be printed and distributed.

➤ **BCC training for CHVs reviewed and updated in collaboration with MOPH**

USAID|MIKOLO worked with the MOPH to consolidate and review existing BCC curricula. These examples will be used to develop new training for CHVs in interpersonal communication to promote healthy behavior. In addition, new BCC tools will be developed for the CHVs to facilitate their communication techniques. USAID|MIKOLO will provide orientation sessions for District health and NGO staff during the planned team building exercises.

➤ **TOR developed to build NGO capacity in BCC**

During this quarter USAID MIKOLO, in coordination with OSC, began developing a capacity building program for NGO partner ASOS, based on discussions between ASOS and OSC’s international Behavior Change Communications consultant. Following further discussion between OSC, the Sub Purpose 4 team, and ASOS directors, it was decided that in Q2 OSC will build the capacity of ASOS in mHealth. This capacity building will take the form of developing and piloting a mobile technology job aid for CHVs, to be implemented by ASOS in its target regions.

CROSS-CUTTING STRATEGIES

GENDER

➤ **88 pilot Women’s Groups formed and meeting regularly**

Region	District	Target Number of Pilot Women's Groups	Pilot Achievement	% Complete
Vatovavy Fitovinany	Vohipeno	13	13	100%
	Manakara II	27	27	100%
Atsimo Andrefana	Tulear II	36	26	72%
	Sakaraha	38	20	53%
TOTAL		114	88	77%

Explanation:

In the regions of Vatovavy Fitovinany and Atsimo Andrefana, USAID|MIKOLO has formed 88 Women's Groups, achieving 77% of the pilot target of 114 groups. Model leaders in the *fokontany* are trained to promote adoption of safe behavior at the household level. This will feed into the Household Champion of Health strategy.

Group management tools were developed during Quarter 1, in collaboration with the USAID|MIKOLO M&E team, including a registry of participants and of monthly group discussion topics, as well as a monthly activity report template for the groups. As part of the registry template, data will be collected on the women participants who adhere to the

guidelines to be able to identify role models. Self-evaluation forms were developed to be completed by participants at the beginning, midterm, and end of the year. The discussion themes and facilitation training curriculum was reviewed and revised in coordination with NGO implementing partner ASOS.

USAID|MIKOLO supervisors found that some of the trained facilitators did not yet establish a Women's Group in their *fokontany* as expected. The women who did not succeed in establishing their groups were largely those who are not CHVs. The most active Women's Groups are found to be those led by a CHV, and those performing the best are those participating in the SILC activity.

Next Steps:

USAID|MIKOLO and partner NGO ASOS will continue to support the creation of Women's Groups in Atsimo Andrefana, and the training of facilitators and implementation of activities in all districts. An evaluation of the pilot phase will be conducted, and the revised training curriculum will be presented to the Minister of Public Health for validation.

The messaging will be elaborated, and a scale up will be planned with an initial training for the EMAD, NGOs and CSB managers.

Supervision observations will be held quarterly by the NGOs, and a checklist will be developed in Q2 for this purpose. Monitoring meetings will be held with the facilitators every two months to assess the effectiveness of activities and review the Groups' action plans.

➤ **Men's Groups Strategy Developed, in coordination with MOPH**

USAID|MIKOLO reviewed strategy documentation regarding the establishment of men's groups under other projects, such as MSH's "Champion Man" program in the Democratic Republic of the Congo. These examples were adapted to the Malagasy culture in the strategy formulation for the MIKOLO project, with the aim to train model men to promote healthy behaviors and gender equality among other men. The strategy was presented to the MOPH staff member in charge of gender within the DLMNT team combatting non-transmissible diseases.

The Men's Group strategy will be further refined and elaborated into management tools and activity plans to be piloted in 19 communes where Women's Groups have already been established.

ENVIRONMENTAL COMPLIANCE

Community Health Volunteers (CHVs) have to handle sharps and other medical waste as part of delivering services. These may harm their own health and the communities' health as well as the environment if no special care is taken in their handling.

During refresher training sessions, CHVs are trained on waste management and on injection safety and provided with equipment. The training addresses risk assessment, injection safety, medical waste management (use and disposal of sharp boxes), and provides education to the CHVs. Each CHV receives a sharps box at the end of training along with instructions on their disposal and replacement.

CHVs are instructed to bring back sharps boxes at the CSBs once they are filled to two thirds and to get new boxes at the CSBs or Supply Points.

The enforcement of these actions is assessed during the supervision visits of USAID|MIKOLO regional field office staff and partner NGO Support Technicians to CHW health services delivery points. (Table in Annex 8, shows Q1's result for this environmental compliance).

FAMILY PLANNING COMPLIANCE

All key elements of family planning compliance have been incorporated into trainings for all relevant partners and implementers. During the quarter, the project organized a meeting with partners who receive USG funding on compliance with USG rules and regulations around FP service delivery including the Thiant Amendment. This led to a commitment to develop a document outlining the application and evaluation of compliance with USG rules and regulations at the project level, including all staff, NGO partners, and CHVs.

Next Steps:

In Q2, the project will finalize the document and identify focal persons for compliance monitoring at every level. Trainings of CHVs and other project staff and partners will also take place.

MONITORING AND EVALUATION

During the reporting period, USAID|MIKOLO updated the Performance Monitoring Plan, PY2 targets, and submitted it to USAID for approval.

USAID|MIKOLO conducted a performance evaluation of partner NGOs including all aspects of organizational capacity (operations, HR, finance, technical, quality, reporting etc.) and progress toward grant deliverables. The evaluation scored NGO performance as follows.

- Exceeded expectations: 100%
- Satisfactory : 80 to 99%
- Mostly satisfactory: 60% to 79%
- Not satisfactory: score <60%

Overall, NGOs scores ranged from 47% to 69% with 4 NGOs having a score above 60%. The table below shows the number of NGOs that scored in the specific areas that were evaluated.

AREAS	PERFORMANCE SCORE			
	100%	80%-99%	60%-79%	< 60%
Financial management	4	6		
Achievement of activities	3	5	1	1
Service delivery reporting from CHVs				10
Human resources		1	5	4
Data quality				10

During the quarter, the project refresher trained CHVs, supervisors, and over 30 NGOs and staff on data winners and began to recruit a consultant for transitioning the M&E system to DHIS-2. The project also pre-tested its DQA system and tools, and developed a draft OR strategy including OR on youth and FP, distribution of pregnancy tests by CHVs, SILC and the role of Traditional Birth Attendants (matrones) in safe delivery.

The project updated and submitted to USAID its branding and marking plan to conform with new PMI guidance.

Of note, the project's facebook page currently has 1,515 followers. 25 health organizations follow the project Twitter page. Through these and other communications channels, the project publishes success stories. The project also trained 14 journalists on community health issues to improve their ability to effectively report on community health and participate in educating the public about community health.

Lastly, the project continued to develop, publish and distribute its quarterly newsletter to a wide audience within Madagascar and especially the project's target regions.

Next steps:

In the next quarter, MIKOLO will begin to customize DHIS-2 to the project needs and start training its staff on this on-line database. The project will also continue DQA with NGO partners, finalize the OR strategy and protocols, and finalize its communications plan for USAID approval. Lastly, we will conduct secondary data analysis on CHV service delivery performance.

PROJECT MANAGEMENT

Coordination with USAID

USAID approved the contract modification, including a budget realignment, to launch activities in the new regions and collaborate with the Government. The modification was fully executed on December 1, 2014, and this followed the prior approval of the workplan on September 30, 2014.

The MIKOLO project submitted the project's annual report to USAID on October 30, 2014, according to the contractual requirements.

The MIKOLO project enjoyed multiple opportunities to collaborate and coordinate with USAID during the quarter. Most importantly, MIKOLO volunteered to contribute to USAID's effort to harmonize per diem for CHVs through coordination of USAID-funded implementing partners. The USAID Mission issued an Order on December 1, 2014 establishing the harmonized per diem policy. This policy is aligned with the United Nations agencies and will also be adopted for alignment by the Global Fund.

MIKOLO staff participated in USAID delegation visits, such as a working session with USAID Regional Environmental Advisor, Diana Shannon. USAID|MIKOLO coordinated with the Mercy Ship, at USAID's request, to provide a country briefing and to establish screening centers. In addition, USAID invited MIKOLO to present a strategy to incorporate the new Sayana Press technology into the project should a pilot be feasible in Madagascar.

Other Coordination Meetings

USAID|MIKOLO coordinated with international and Malagasy partners during the quarter. In addition to the extensive coordination with the Government of Madagascar, project staff met with the Fond d'Appui à l'Asainement (FAA) to coordinate community mobilization for WASH, both Food for Peace projects, H4+ for the CARMA Campaign and the Groupe Technique de Travail sur la Santé Maternelle et Néonatale.

USAID|MIKOLO hosted an "Operationalization Workshop" in Antsirabe to review the project strategy and workplan, assess the PY1 results and set targets for PY2. Team-building activities were included, and participants were motivated to take ownership of project targets and results. USAID as well as the subcontractors, MOPH, from central, regional, and district levels participated in the 4-day event.

Human Resources and Field Office Management

MSH manages five regional offices to facilitate project implementation. During the quarter, the Toamasina office was relocated to a more secure location, and the office in Ambositra was moved to Antsirabe to support implementation in the new project regions.

Following the development of the refocused and reprioritized project strategy and workplan, including expansion into new regions and a re-engagement with the Government, the project evaluated its staffing plan and made adjustments accordingly. For example, responsibilities were altered for some MSH staff at the central level. The Regional Field Manager was elevated to the Country Leadership Team in response to the growing responsibility of the

field offices and the supervision position. The MIKOLO team is expanding to facilitate full project implementation and management of project activities and partners:

- MSH hired a Commodities Security Specialist to manage the supply of health commodities in project areas.
- An additional driver was hired, and a vehicle that MIKOLO inherited from a prior USAID project was repaired and made operational.
- MSH also recruited 10 additional staff to be based in the regional offices, a District Support Technician and an Administration and Finance Assistant for each of the five field offices.

MSH submitted to USAID the annual staff salary increases for approval in late September 2014, per MSH's global personnel policy which provides for annual merit increases once annually, on October 1. USAID approval for the salary increases remains pending at the close of the quarter.

The MSH Chief Operating Officer and Executive Vice President, Paul Auxila, conducted a standard senior level site visit of the project and met with a wide range of stakeholders. The visit was a success and he reported that he was pleased with the project management, cooperation, and progress.

Subcontractor and Grant Management

As described above, the current nine grants were extended to continue operations seamlessly during the process to solicit and select new impact grant recipients.

Subcontractor CRS recruited a new SILC specialist to implement the saving and loan activities under USAID|MIKOLO. The approval of this new hired person is waiting for USAID's approval.

During this reported period, ASOS's Financial Director in charge of USAID|MIKOLO subcontract was tragically dead and was replaced. ASOS was strongly involved during the BCC workshop validation process.

ITEM continues well their implication on the training, curricula development and workshop facilitation. For this fiscal year, as described above, ITEM helps the project to innovate its training approach.

Subcontractor OSC removed two positions during the quarter, the BCC Specialist and the Formative Research Specialist following the refocused Sub-purpose 4 strategy. A new BCC Community Mobilization Specialist will be recruited.

Financial Management

The project PY2 budget was approved and MSH monitors spending closely. The USAID|MIKOLO team uses a monthly financial reporting process to track expenses against the workplan budget. During the quarter, the project burn rate was lower than usual, as many activities were in the conception and planning phase. The burn rate is expected to increase in the subsequent quarter as activities and operations are rolled out in the new regions, trainings are implemented, and BCC and other activities rolled out.

ANNEXES

ANNEX 1: Results Matrix

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
		375 original communes	154 new communes	RESULTAT T1	PY2 % COMPLETE	
SUB-PURPOSE 1: SUSTAINABLY DEVELOP SYSTEMS, CAPACITY, AND OWNERSHIP OF LOCAL PARTNERS						
1.1	Number of Communes with functioning COSANs	352	154	362	72%	72%
1.2	Number of Communes with functioning CCDSs	352	154	375	74%	74%
1.3.1	Number of people (COSAN, CCDS) trained with increased Leadership and Management knowledge and skills	4 500	1 848	2352	52%	37%
1.3.2	Number of people (NGO) trained with increased Leadership and Management knowledge and skills	30	9	18	60%	46%
1.3.3	Number of people (TA and supervisor) trained with increased Leadership and Management knowledge and skills	140	60	128	91%	64%
1.3.4	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	170	60	124	73%	54%
1.4	Percent of CHVs in project areas attending monthly COSAN meetings out of the total # of CHVs in the health center catchment area	75%	70%	94%	125%	125%
1.5	Number of COSAN savings and loans funds (CSLF) established	13	0	0	0%	0%
1.6	Number of Saving and Internal Lending Community (SILC) established at the community level	534	0	8	1%	1%

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
		375 original communes	154 new communes	RESULT AT T1	PY2 % COMPLETE	
1.7	Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment) (% of SILC members that is female)	70%	0%	62%	86%	86%
1.8	Number of NGOs eligible to receive direct awards made by USAID	0	0	0		0
1.9	Number of local NGO awarded	10	4	9	90%	64%
SUB-PURPOSE 2: INCREASE AVAILABILITY AND ACCESS TO BASIC HEALTH SERVICES IN THE PROJECT'S TARGET COMMUNES						
REPRODUCTIVE HEALTH/FAMILY PLANING						
2.1	Number of additional USG-assisted community health workers (CHWs) providing Family Planning (FP) information and/or services during this year	1 286	906	0		
2.2	Couple Years Protection (CYP) in USG supported programs	45 441	8 154	13687	30%	26%
2.3	Number of new users of FP method	63 205	10 193	17 964	28%	24%
2.4	Number of continuing users of FP method	105 341	17 663	64 033	61%	52%
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of Oral contraception products	25%	25%			
	LOFEMENAL			10%		
	PILPLAN			32%		
2.6	Percent of service delivery points (CHVs) that experience a stock-out at any time of DMPA products	25%	25%	16%		
2.7	Number clients referred and seeking care at the nearest health provider by CHW for LAPMs	5 425	680	1674	31%	27%

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
		375 original communes	154 new communes	RESULTAT T1	PY2 % COMPLETE	
MALARIA						
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs)	923	942	0		
2.9	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy)	923	942	0		
2.10	Number of children with fever in project areas receiving an RDT	50 486	7 065	25468	50%	44%
2.11	Number of children with RDT positive who received ACT	25 243	4 710	12939	51%	43%
2.12	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	20%	20%			
	ACT Zaza			8%		
	ACT Zazakely			6%		
MATERNAL, NEWBORN and CHILD HEALTH						
2.13	Number of people trained in child health and nutrition through USG-supported programs	0	1 848	0		
2.14	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	27349	4239	5268	19%	17%
2.15	Number of children with pneumonia taken to appropriate care	27 349	4 239	9829	36%	31%
2.16	Number of children reached by USG-supported nutrition programs (Number of children under 5 years registered with CHW for Growth Monitoring and Promotion (GMP) activities)	197 516	36 960	117192	59%	50%

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
		375 original communes	154 new communes	RESULTAT T1	PY2 % COMPLETE	
2.17	Number of newborns who received umbilical care through the use of chlorhexidine	5 750	3 085	0		
2.18	Percent of service delivery points (CHVs) that experience a stock-out at any time of ORS/Zinc	45%	45%			
	SRO			17%		
	Zinc			18%		
	ViaSur			35%		
2.19	Percent of service delivery points (CHVs) that experience a stock-out at any time of Pneumostop®	35%	35%	18%		
2.20	Number ANC clients referred and seeking care at the nearest health provider by CHW	10 534	1 699	3 894	37%	32%
	ANC 1			2290	19%	
	ANC 4			1 604	13%	
2.21	Number cases referred and seeking care at the nearest health provider by CHW for neonatal emergencies	8 078	1 130	210	3%	2%
2.22	Number cases referred and seeking care at the nearest health provider by CHW for obstetric emergencies	843	136	1196	142%	122%
2.23	Number cases referred and seeking care at the nearest health provider by CHW for severe illness episodes (CU 5 years)	16 482	1 766	5795	35%	32%
SUB-PURPOSE 3: IMPROVE THE QUALITY OF HEALTHCARE SERVICES AT THE COMMUNITY LEVEL						
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	40%	40%	50%		

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
		375 original communes	154 new communes	RESULTAT T1	PY2 % COMPLETE	
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	35%	35%	47%		
3.3	Percent of monthly activity reports received timely and complete	75%	75%	82%	109%	
3.4	Number of CHVs supervised at the service delivery sites	3 816	1 110	3703	97%	75%
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHWs	3	1	1	33%	25%
3.6	Number of CHWs having received refresher training.	0	1 848	0		
	Number of CSB manager having received refresher training.	348	146	0		
SUB-PURPOSE 4: INCREASE THE ADOPTION OF HEALTHY BEHAVIORS AND PRACTICES						
4.1	Number of Communes having the status of Commune Champion	317	0	0		
4.2	Number of certified Household Champions	3 168	0	0		
4.3	Number of interactive radio spots broadcast	3 360	1 340	300	9%	6%
4.4	Number of fokontany achieving Open Defecation Free (ODF) status	482	238	0		
4.5	Number of people gaining access to an improved sanitation facility	5 209	2 566	0		
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH) with increased knowledge and skillss	2 174	0	0		

N°	INDICATOR	TARGET PY2		ACHIEVEMENT Q1		TOTAL PY2 PROGRESS
		375 original communes	154 new communes	RESULTAT T1	PY2 % COMPLETE	
4.7	Number of women reached with education on exclusive breastfeeding	3 245	2 255	0		

ANNEX 2: Success Stories

Community Health Volunteers Help Reduce Bilharzia Risk

Bilharzia is the world's most deadly neglected tropical disease and it ranks second only to malaria as the most common parasitic disease. It kills an estimated 280,000 people each year in sub-Saharan Africa alone, and can leave children suffering from anemia and malnutrition – affecting school performance and national development.¹

The disease, also known as schistosomiasis, is caused by parasitic worms found in fresh water and affects 95 of Madagascar's 111 districts. Prevalence is estimated at 31 percent.² About five million people are estimated to be infected, with 15 million more at risk for the disease.³ Symptoms include blood in the urine or stool, anemia, and problems with growth and development in children. It can eventually lead to bladder cancer and kidney and liver problems.⁴



© Fanja S/ Children in Talata Ampano take the habit to wash their hands

Residents of the 13 villages of the agricultural commune of Talata Ampano have long suffered from bilharzia, which is preventable and treatable, but health care is not easily accessible. The nearest health center is at least an hour's walk from many of the commune's villages.

That's why Talata Ampano, located in the southern Haute Masiatra region, was among 77 communes selected by the USAID|MIKOLO project to implement a community approach to health improvement. Funded by the US Agency for International Development (USAID) and led by Management Sciences for Health (MSH), USAID|MIKOLO works in nine of Madagascar's 22 regions to empower the Malagasy people to adopt healthier behaviors and access integrated family planning, reproductive health, maternal, newborn, and child health, and malaria services.

In Talata Ampano, the project aimed to improve hygiene and sanitation practices to reduce the spread of bilharzia. Transmission occurs when those who are infected contaminate freshwater sources with their excreta containing parasite eggs. Larval forms of the parasite, which develop in freshwater snails, penetrate the skin during contact with infested water.

USAID|MIKOLO established health committees in each commune and trained 18 volunteers for Talata Ampano to sensitize the population about water, hygiene, and sanitation. The

¹ Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/globalhealth/ntd/diseases/schisto_burden.html

² World Health Organization (WHO) <http://www.who.int/ith/diseases/schistosomiasis/en/>

³ WHO. http://www.who.int/neglected_diseases/integrated_media/integrated_media_schistosomiasis/en/

⁴ CDC. http://www.cdc.gov/globalhealth/ntd/diseases/schisto_burden.html

volunteers disseminated messages about hand washing with soap, boiling water, and constructing latrines. Poor hygiene and contact with infected water make children especially vulnerable to bilharzia infection.

“The volunteers have been a real help for the population,” said Celestine Rahariniaina, a mother of three. “We learned a lot from them and could rely on their services. As a consequence, we honestly feel a reduction of the child mortality rate.”

Over the past six months of the intervention, the people of Talata Ampano increasingly boil water to kill parasites and 60 percent of the villages in the commune have built latrines, according to a field technician in charge of the commune. In the past three months, volunteers counseled 570 individuals, reached 1,012 people through group communication and 3,073 more through public sensitization. Volunteers also conducted 219 home visits.

The project partnered with the Global Sanitation Fund (GSF) to accelerate access to improved water and sanitation at scale, using the community-led total sanitation approach.⁵ Eliminating open air defecation has been one of the main goals. GSF support includes tools and technical assistance for information, education, and communication; behavior change communication; sanitation marketing, advocacy, and research.

⁵ The Global Sanitation Fund is a pooled global fund established to gather and direct finance to help large numbers of poor people to attain safe sanitation services and adopt good hygiene practices. <http://www.wsscc.org/global-sanitation-fund/how-it-works>

Disseminating Health Messages Through Faith-Based Community

In the remote commune of Talata Ampano in southern Madagascar, religion plays an important role in community life. This has provided an excellent opportunity for community health volunteers to sensitize the population about health issues.

“Every Sunday, we take 15 minutes before the mass to talk about health issues and to disseminate health messages and advice,” said Jean Noël Randrianandrasana, a community volunteer in charge of child health. “We have been conducting a weekly session for six months now with great success.”



The health volunteers receive five days of training

© Fanja S/ CHV getting ready to go to church session on a Sunday morning

from the USAID|MIKOLO project, which is funded by the US Agency for International Development (USAID) and led by Management Sciences for Health (MSH). USAID|MIKOLO works in nine of Madagascar's 22 regions to empower the Malagasy people to adopt healthier behaviors and access integrated family planning, reproductive health, maternal, newborn, and child health, and malaria services.

In addition to speaking at churches – the Malagasy mainly practice Christianity, animism, or a mixture of both – the volunteers also conduct home visits and carry out health counseling at their places of work.

Raising awareness of health issues through church venues has been particularly successful in the remote Talata Ampano village of Antanandava. All 130 children under the age of five are up-to-date with their vaccinations.

Volunteer Anastasie Ravaomalala said through the sensitization program people have become more open about health issues and are more willing to spend money on problems related to bilharzia, diarrhea, and pneumonia.

“The engagement of the priest helps a lot too because it means he and the population believe in us and in what we do,” she said.

After six months of intervention, the community health volunteers detected 60 cases of simple fever among children, 109 cases of pneumonia, and 37 cases of diarrhea. They also organized 651 growth monitoring sessions to assess possible malnutrition in children. Twenty-two pregnant women were referred for antenatal care.

“Community health volunteers provide us with important health advice on child nutrition, maternal health, and family planning,” said Marie Jeanne Razananirina, a mother in Antanandava village who has received a community health volunteer at her home once a month. “They know what they’re talking about.”

Informing by Example: Celestine Razanabao Teaches About Family Planning

Although the remote village of Manandriana in southern Madagascar is six kilometers from the nearest health center, the local population's health has improved in recent years because of community volunteers like 50-year-old Celestine Razanabao.

She is one of Manandriana's two community health volunteers trained by the USAID|MIKOLO project. Funded by the US Agency for International Development (USAID) and led by Management Sciences for Health (MSH), USAID|MIKOLO works in nine of Madagascar's 22 regions to empower the Malagasy people to adopt healthier behaviors and access integrated family planning, reproductive health, maternal, newborn, and child health, and malaria services.



© Fanja S/Célestine Razanabao showing Fp methods to new couple in her working place

Razanabao, who has been engaged in community health services for 20 years, received training in July 2014 for five days on child and maternal health services, including prevention of illness, family planning counseling, hygiene sensitization, and referral services. She offers family planning packages to women of reproductive age in the village and surrounding settlements and can point to herself as an example. She is a mother of three and all of the pregnancies were planned.

Madagascar has an unmet need for family planning of 19 percent among women aged 15 to 49 who are married or with partners, according to the United Nations.⁶ Family planning has become a government priority in recent years because of high levels of poverty and the inability of those with large families to care for them.

Efforts by 26 trained community health volunteers, including 18 trained by USAID|MIKOLO, in the commune of Talata Ampano where Manandriana and 12 other villages are located, have improved family planning coverage in the region. Jeannine Bakoliarindimby, chief of the local primary health center, said 74 percent of 3,245 women of reproductive age in the commune now use family planning compared to 52 percent in 2010. This is higher than the national figure of 30 percent, according to the United Nations.

⁶ United Nations Department of Economic and Social Affairs, Population Division. 2013 Update for the Millennium Development Goals Database: Unmet Need for Family Planning.

Razanabao has discussed contraceptive choices with 340 women. She has served about 140 women a month with contraceptives that she purchased from the commune supply point. Each community health volunteer sees an average of 29 regular family planning users each month.

Simonette Raheinihoavy Nomenjanahary, one of Razanabao's longtime clients, said she appreciates Razanabao's pleasant and open manner. "She is a very good advisor and she has everything we need in terms of medicines," she said.

Arthur Andriarino, a father of two who accompanies his wife to her appointment with Razanabao each month, said the community is aware of the importance of health volunteers in the village. "Spacing pregnancies matters for many households because of the [potential] cost of life," he said. "We can now work blissfully and can access services nearby."

Rajosoa Zità Onjaniaina: Arduous but Satisfying Work

Twenty-three-year-old Rajosoa Zità Onjaniaina has been a support technician for a year, overseeing the work of community health volunteers in the remote areas of southern Madagascar. Often, she walks up to 18 kilometers per day to reach some of the most remote villages, which are far from health centers.

“Being a support technician is a best way to know about community life, a great experience, and a way to be more involved in social life,” Onjaniaina said. “One of my memorable times was when I had to cross a river with [a volunteer’s] companions. But at the end of the day, I feel relieved because the objective is achieved.”

Onjaniaina is employed by the Lutheran-affiliated nongovernmental organization SALFA in the Haute Matsiatra region as part of the USAID|MIKOLO project, funded by the US Agency for International Development (USAID) and led by Management Sciences for Health (MSH). USAID|MIKOLO works in nine of Madagascar’s 22 regions to empower the Malagasy people to adopt healthier behaviors and access integrated family planning, reproductive health, maternal, newborn, and child health, and malaria services.

This is Onjaniaina’s first job in community health since graduating from medical school. As one of 123 support technicians employed by the project’s nine implementing partners, she assesses the work of community volunteers trained by USAID|MIKOLO. The volunteers teach community members about basic health practices that cover children, vaccinations, hygiene, family planning, and nutrition.

The technicians score the volunteers according to their skills, using a standard checklist. Then they send the information by smartphone to the USAID|MIKOLO central office for monitoring and evaluation.

Onjaniaina visits 22 volunteers in the three communes where she works every month. She is in the office one week a month and in the field for three weeks each month.



© Fanja S/ Zità on her way to visit Community health volunteers in her commune

ANNEX 3: Financial Summary

**Project Year Two Budget Update
Management Sciences for Health
USAID Primary Health Care Project
Project Budget Update
December 31, 2014**

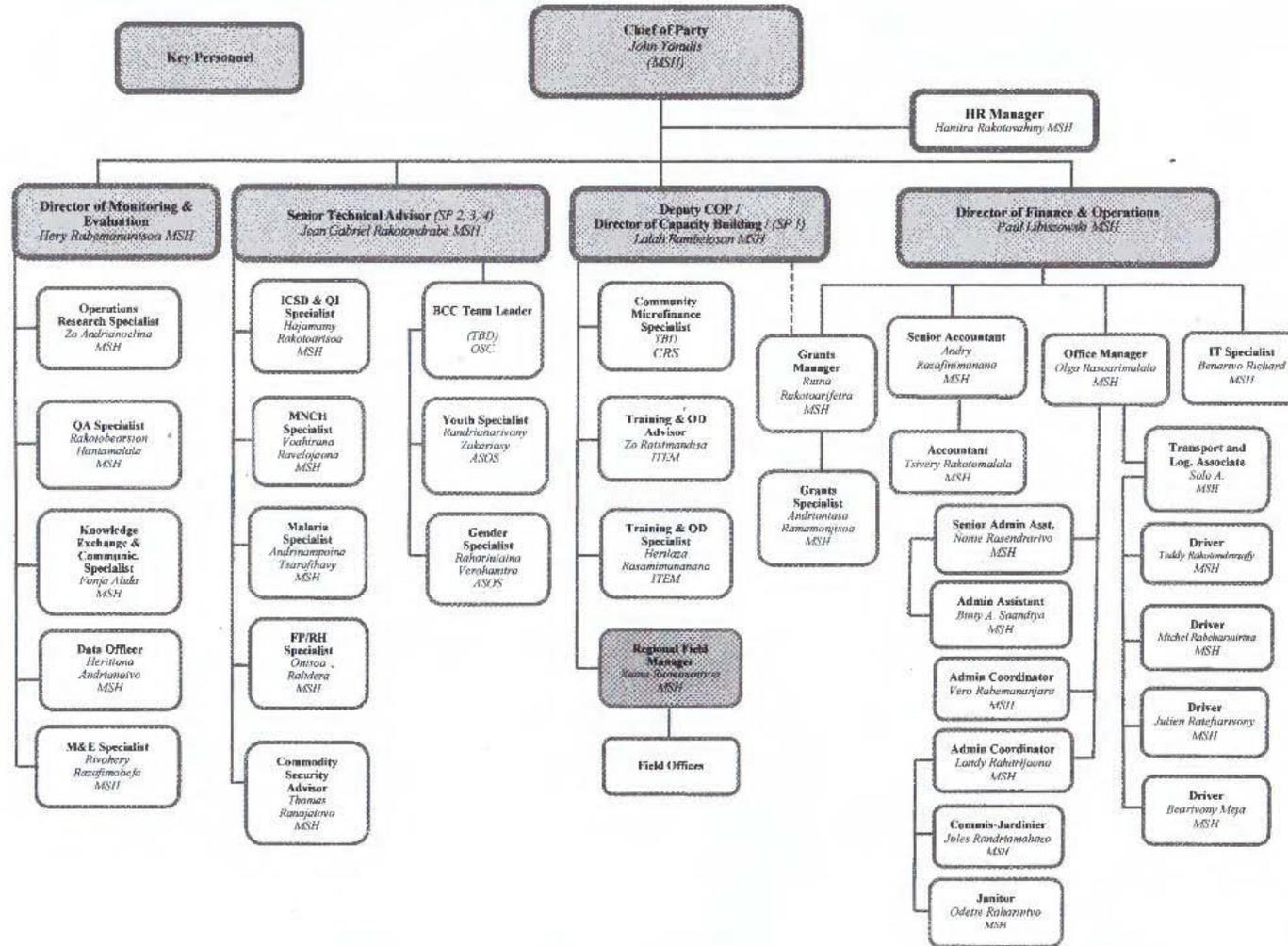
Line item	YEAR 2 Budget	Q1 PY 2 Actual Costs	YEAR 2 Budget Balance Remaining
I. Salaries & Wages	\$1 213 491	\$258 051	\$955 440
II. Consultants	\$24 210	\$0	\$24 210
III. Overhead	\$584 033	\$132 321	\$451 712
IV. Travel and Transportation	\$309 602	\$56 781	\$252 821
V. Allowances	\$185 027	\$35 320	\$149 707
VI. Subcontracts	\$440 840	\$142 259	\$298 581
VII. Training	\$595 546	\$79 871	\$515 675
VIII. Equipment	\$16 846	\$0	\$16 846
IX. Grants	\$800 000	\$201 779	\$598 221
X. Other Direct Costs	\$1 175 655	\$103 883	\$1 071 772
Subtotal of I to X	\$5 345 250	\$1 010 266	\$4 334 984
XI. Fee	\$204 378	\$56 446	\$147 932
Grand Total + Fee	\$5 549 628	\$1 066 712	\$4 482 916

Current Obligation	YEAR 1 Actual Costs	Q1 PY 2 Actual Costs	Accruals as of December 31, 2014	Balance Remaining Current Obligation
\$7 718 548	\$4 299 475	\$1 066 712	\$34 642	\$2 317 718

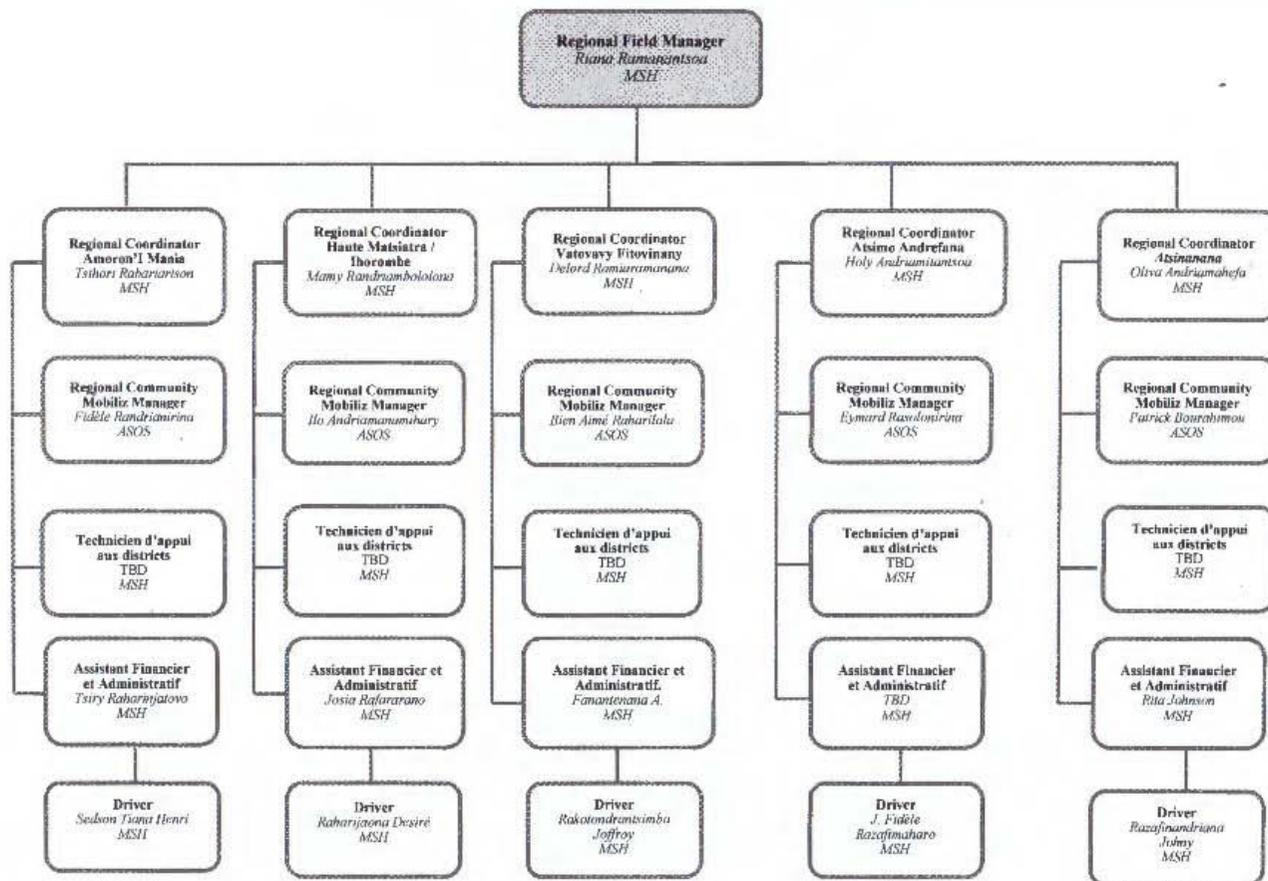
MSH has stayed within the current Obligation

Annex 4: Updated Organizational chart

Organigramme Projet USAIDMIKOLO -20 janvier 2015



FIELD OFFICES



[Handwritten signature]

ANNEX 5: Collaboration and Meetings with Other Health Partners

Meetings	Objective/Meeting agenda	Next steps	Participants
SANTE DE LA REPRODUCTION/PLANIFICATION FAMILIALE			
Sayanapress	Presentation of sayanapress and its introduction in Madagascar	Document validation meeting	USAID (FP Washington), JSI/MAHEFA, USAID MIKOLO
	Document feedback on Sayanapress introduction in Madagascar with the FP program manager from USAID Washington		USAID, JSI/MAHEFA, USAID MIKOLO, MSM, PSI
FP compliance	Informations on USAID FP requirements Presentation of FP compliance	Elaboration of the monitoring plan of USAID-funded partners	USAID, USAID MIKOLO, PSI, JSI/MAHEFA, MSM
Restricted committee of Technical Working Group on pregnancy test use	Development of advocacy documents, strategy, operational plan, monitoring and evaluation and technical form on pregnancy test a the community level	Validation of available documents by the Working group	DGS, DSEMR, DPLMT, DAMM, DDDS / MSANP USAID, USAID MIKOLO, MSM, MCSP, ONSFM, ANSFM, PSI, ONM
Working Group on Pregnancy test use	Validation of documents (advocacy, strategy and operational plan, monitoring and evaluation and technical form) on pregnancy test use	Detailed development of operational plan and advocacy organization s	MSANP ou la DSEMR est le leader USAID , PSI, JSI/MAHEFA, MSM, MCSP, USAID MIKOLO, ONSFM, ANSFM, ONM
MATERNAL HEALTH, NEW BORN AND CHILD			
National coordination workshop on maternal and child and reproductive health	<ul style="list-style-type: none"> - Presentation of 2014 achievements - Presentation of each partner and their achievements in terme of maternal and chold health - Presentation of achievements of each regional health Department (DRS) - Recommandations for DRS for 2015 	Strenghtening of collaboration between project regional offices and DRS	DGS, DSEMR, technical ans financial partners (USAID and United Nations), all the DRS and Doctors
World Pneumonia Day	Preparation and Celebration of that Day		PSI, DSMER, MAHEFA, PNLP, USAID PMI, ASOS, DDDS, USAID MIKOLO
Workshop to validate questionnaires on	Compilation of feedbacks and validation		UNICEF, OMS, USAID, PSI, MAHEFA, DSMER,

Meetings	Objective/Meeting agenda	Next steps	Participants
evaluation of economic advantages of integration of Amoxicilline to treat pnemonia			SOMAPED, DPLMT, USAID MIKOLO
Meeting with CCIA (Coordination Committee intra-agency)	Presentation of Accounting and Financial Audit of the Program for strenthening Health System (RSS) and assistance to the vaccination department (SSV) funded by par Global Alliance for Vaccination and Immunization (GAVI) from January to December 2013	Validation of external audit report for fiscal year 2013 of RSS and SSV GAVI by CCIA members	USAID-MCSP-MSANP- Ministry of budget and planning- Ministry of Population SAF/FJKM- VoaharySalama-UNICEF- Ambassade de France- BAD-OMS- USAID MIKOLO- JSI/Washington- MSI- MAHEFA- Cabinet MAZARS –ASOS
Annual review health cluster UNICEF and partners	<p>-Presentation of UNICEF planning process</p> <p>-Group Presentation of major strategic areas as a response to PDSS</p> <p>-Working Group sessions :</p> <ul style="list-style-type: none"> • Review and discussion of the planning 2008- 2014 • Diagnostic of health cluster (major problems/ challenges) • Actions to overcome challenges 	Strenghtening the coordination aspect in the USAID MIKOLO and UNICEF intervention communes to coordinate activities	MSANP- DSMER, DEP, DDDS, DPLMT, UNICEF, UNFPA, OMS, USAID MIKOLO, PSI, SALAMA
Meeting of H4+ members (FNUAP-UNICEF-USAID-USAID MIKOLO- MAHEFA-MCSP)	<ul style="list-style-type: none"> - Reprise of the production of quarterly-bulletin H4+ - CARMMA campaign implementation - Survellance of maternal and neonatal death 	<ul style="list-style-type: none"> -Sending stories to UNFPA before October 22nd - Workshop on roadmap development for CARMMA campaign in Antsirabe from 13 to 17 october 2014) -Strenghtening the surveillance of maternal and neonatal death during next meeting 	USAID-USAID MIKOLO- FNUAP-UNICEF – MAHEFA- MCSP

Meetings	Objective/Meeting agenda	Next steps	Participants
Meeting H4+	<ul style="list-style-type: none"> - Preparation of H4+ bulletin - Calendar review of H4+ events - Assistance of H4+ at the development of updated roadmap for CARMMA in Antsirabe - Joint field trip of partners in Vohemar to see the integrated implementation of the pilot study on Chlorhexidine- Misoprostol 	<ul style="list-style-type: none"> - Review and validation by members of H4+ of all articles before duplicating the bulletin. - Sharing of table to ask the 2014 activity reports and the H4+ action plan 2015 - Training of one committee to prepare the field trip and to see the SG - Preparation of a presentation note on the review in Vohemar 	USAID-USAID MIKOLO-FNUAP-UNICEF – MAHEFA- MCSP
Development workshop on the CARMMA roadmap	<ul style="list-style-type: none"> - Preparation of the advocacy document on CARMMA roadmap 	Prevalidation workshop on CARMMA roadmap and preparation of the official launch of the campaign	MINSANP- OMS- UNICEF- UNFPA- USAID- USAID MIKOLO- PSI- MCPS-MAHEFA
Prevalidation meeting of CARMMA document	<ul style="list-style-type: none"> - Presentation of CARMMA roadmap - Pre validation of CARMMA roadmap of MoPH and technical and financial partners 	<ul style="list-style-type: none"> - Validation de la feuille de route - Signature of CARMMA roadmap by the prime Minister 	MINSANP-UNICEF- UNFPA - OMS -USAID- USAID MIKOLO- PSI- MCPS-MAHEFA- ASOS- BANQUE MONDIALE- BAD
Meeting Task Force Nutrition ANJE-NdF	<ul style="list-style-type: none"> - Presentation of mapping of the intervention of nutrition partners (ANJE/NdF) by the SPPCM (Service de la prévention et de la Prise en Charge de la malnutrition) - Présentation du guide de mise en œuvre de la Politique nationale de Santé Communautaire par la Direction du Développement des Districts Sanitaires (DDDS) - Présentation des activités d'USAID MIKOLO et du projet Action Contre la faim 	<ul style="list-style-type: none"> - Sending the template to fill to all partners - Decembre 19th 2014 : television debate on celebration of national week for maternal breastfeeding - Updating of legislative texts on maternal breastfeeding of Year 1962 - Organisation of meeting to discuss CHV motivation and sustainability of activities - Next meeting of Task Force : 3rd Wednesday of March 2015 	MSANP- DSMER SPPCM (Service de la Prévention et de la prise en charge de la malnutrition)- Ministère de la Fonction Publique- DRSP Analamanga-UNICEF- USAID MIKOLO- ONN- ORN Analamanga SEECALINE INSPC Hôpitaux Universitaire Tsaralàna (Pédiatrie) Voahary Salama- ONG ACF (Action against Hunger)

Meetings	Objective/Meeting agenda	Next steps	Participants
USAID WORKING GROUP			
GENDER working group	<ul style="list-style-type: none"> - Development of gender image box - Mapping of interventions: - Presentation of the first draft of the concept note for celebration of March 8th 2015 	<ul style="list-style-type: none"> - Filling the canvas on «Gender image box and send it to Mahefa'» - Filling the form for "Mapping gender intervention » and send it to USAID MIKOLO for compilation of informations - Feedbacks to be sent to CRS 	USAID, CARE, MAHEFA, CRS, Mikolo, intraHealth/PSI
AT THE REGIONAL LEVEL			
Monthly coordinaton meeting with partners	<ul style="list-style-type: none"> - Planification des activités - Suivi des réalisations - Retroinformation - Suivi de la remontée des données - Identification et résolution des problèmes de mise en œuvre des activités 		9 ONGs de mise en œuvre PSI USAID MIKOLO
Meeting with the Regional coordinator Outreach Amoron'i Mania Marie Stopes Madagascar (MSM)	<ul style="list-style-type: none"> - Discussion sur la collecte des données concernant les MLDP référés par les AC - Coordination des activités. 	<ul style="list-style-type: none"> - Réunion au niveau central le 03 Décembre 2014. - Réunion périodique en vue d'échanger le planning de collecte de données. 	MSM USAID MIKOLO
Meeting coordination with all partners in Atsimo Andrefana on the fight against chronic malnutrition	Sharing of informations from CRS and USAID MIKOLO	<ul style="list-style-type: none"> - Development of a mapping of all participants and sharing to all partners - Organization of periodic meeting under the lead of DRS and the WFP team 	DRS, UNICEF, PAM, FNUAP, CRS, FID, Min Agri, Min Eau, USAID MIKOLO
Coordination meeting with CRS in Atsimo Andrefana region	Partage d'information sur les activités en vue des foires organisée par CRS dans chaque commune d'intervention	Information of NGO partners on the existence of fairs at the CRS communes level	CRS, CDD, USAID MIKOLO
Coordination meeting with the DRSP Atsinanana	<ul style="list-style-type: none"> - Brief Presentation of USAID MIKOLO new strategy. - Discussion on organization of training for EMAR/EMAD 	Coordination meeting of partners expected on December 5th 2014 to coordinate activities with the EMAR team and the other partners	Delegate from DRS, USAID MIKOLO

Annex 6 : Summary of the NGO, community actors and the District Management team training conducted by the project

ACTIVITIES	TOPICS	ORIENTATION OBJECTIVES	TOTAL NUMBER OF PARTICIPANTS	DATES
<p>- Refresher trainings for ST, supervisors and NGOs M&E Managers on project database (Datawinners) and verification of data quality</p> <p>- Orientation on data use for decision making</p>	<ul style="list-style-type: none"> - Project Database (Datawinners) - Data quality assessment - Orientation on data use for decision making 	<ul style="list-style-type: none"> -Update the CHV list and the Datawinners questionnaires in the ST smartphones - Resolve most frequent problems related to quality data entry, data transmission, use of smartphones related to issues raised by the M&E system (completeness, timeliness, respect of data quality dimensions ...) - Analyze MAR indicators, data on CHV products supply and information on CHV training conducted 	30	October 2014
<p>Refresher training for CCDS/COSAN members</p>	<ul style="list-style-type: none"> - NPCH - Criterias for champion commune (KM Salama) and chamion household (Ankohonana Mendrika Salama) - Model DEFI 	<p>Have CCDS and COSAN able to engage population in their intervention commune to participate in action to promote health according to the NPCH</p>	2 352	
<p>ST refresher training</p>	<ul style="list-style-type: none"> - Coaching - Productive communication - Data channel - Orientation on CCDS and COSAN training curriculum 	<ul style="list-style-type: none"> - Get new skills on other fields where they fell lack in their skills (based on self evaluation results), - Organize refresher training for CCDS/COSAN. (CCDS and COSAN training curriculum as working tool). 	128	

ACTIVITIES	TOPICS	ORIENTATION OBJECTIVES	TOTAL NUMBER OF PARTICIPANTS	DATES
Strengthening technical and managing Capacity-building of MoPH technicians	<ul style="list-style-type: none"> - Leadership and management - Implementation Guide of the CHNP - Coaching - Topic on project priority health and innovative health 	Share informations necessary so thay they can organize capacity building for MTD	19	
MTD training (Management Team for District)		Share informations necessary so thay they can organize capacity building for CSB chiefs and NGO FT to facilitate the project implementation	124	

ANNEX 7: Technical and Administrative Assistance Visits

STTA/Consultant	STTA Type	Dates	Terms of Reference
Paul Libiszowski, USAID MIKOLO Director of Finance and Operations	Staff	October 5 th – 18 th	MSH New Hire Orientation in the U.S.
Elke Konings, Ph.D., Project Director Supervisor	Staff	October 25 th – November 8 th	General supervisory visit, field visit, assist team annual report, review M&E, OR and project communications activities and plans

ANNEX 8: Environmental Mitigation and Monitoring Report

Activity	Potential Impact	Mitigation Measure(s)	Monitoring Indicators	Monitoring and Reporting Frequency	Results first Quarter FY15
<p>Supervision on waste management</p>	<p>After receiving training, CHVs handle equipment and consumer goods that can generate waste.</p> <p>As a result, it is essential to train/ inform all community actors involved in activity implementation to minimize/ avoid the environmental impacts of this waste.</p>	<p>Ensure monitoring of compliance with environmental impact mitigation during activity implementation.</p>	<p>Supervision/ monitoring report available ie number of agents supervised per category (NGO/TA, CCDS, COSAN)</p>	<p>Project quarterly and annual reports will include information on trainings held, topics addressed during these trainings, as well as the number of participants.</p>	<p>During this period, 3,703 CHVs were supervised.</p> <p>The reporting rate of supervision report is 74%.</p> <p>Results shows that 73% of mother-CHVs and 69% of mother-CHVs have used the safety box for their medical waste</p>

Activity	Potential Impact	Mitigation Measure(s)	Monitoring Indicators	Monitoring and Reporting Frequency	Results first Quarter FY15
CHV waste management and disposal	<p>Pollution</p> <p>Infection due to soiled dirty objects</p> <p>Contamination of drinking water sources</p>	<p>Medical waste will be managed in compliance with the Madagascar National Policy on Medical Waste Management and USAID's Environmental Guidelines for Small-Scale Activities in Africa, Chapters 8 and 15.</p> <p>CHVs will be trained on and equipped for proper waste management and safe injections. Trainings will cover risk assessment, safe injections, medical</p>	<p>- Topics relating to environmental compliance and safe injections integrated into training curricula and CHV working tools</p> <p>- CHVs trained on the topic of environmental compliance, equipped with sharps boxes and supervised for compliance with prescribed safe injection and sharps box use and disposal</p>	<p>Project quarterly and annual reports will include information on the availability and use of sharps boxes.</p> <p>Mitigation measures will be monitored during supervision visits, and supervision reports will form the information base for assessing the mitigation measures' effectiveness.</p>	<p>During the first quarter of this fiscal year, no training was conducted for the CHVs. These training will conducted in Q2</p>

Activity	Potential Impact	Mitigation Measure(s)	Monitoring Indicators	Monitoring and Reporting Frequency	Results first Quarter FY15
		<p>waste management (i.e. the use and disposal of sharps boxes), and CHV sensitization. Each CHV will receive sharps boxes at the end of the training and instructions for disposal and replacement.</p> <p>CHVs will be instructed to bring sharps boxes to BHCs once they are 2/3 full, and resupply at the BHC or the Supply Point. Otherwise, they may dig a covered safety pit of 1.5-2m deep and 1.5m wide (Source: National Waste Management</p>	practices.		

Activity	Potential Impact	Mitigation Measure(s)	Monitoring Indicators	Monitoring and Reporting Frequency	Results first Quarter FY15
		Policy) to incinerate all sharp materials and other products after use.			
Activities implemented by new grantees	As the prime is responsible for implementing project activities, including community-based activities, it is important to train, inform and supervise grantees on environmental compliance during activities implementation to enable them to ensure the relating EMMP plan's implementation when	<ul style="list-style-type: none"> - The project will ensure the training of grantees on their environmental protection and waste management responsibilities when conducting activities. - The project will develop a letter of agreement which grantees shall sign and attach to their contract. This letter demonstrates the beneficiaries' 	<p>The signed letter of agreement is included in the contract document of grantees.</p> <p>Grantees reporting on environmental mitigation measures, in accordance with the EMMP, in their quarterly reports.</p>	<p>The project will include information on the results of environmental activities in project quarterly and annual progress reports.</p> <p>Compliance with the EMMP will be monitored on a quarterly basis.</p>	New grantees will be selected in Q2

Activity	Potential Impact	Mitigation Measure(s)	Monitoring Indicators	Monitoring and Reporting Frequency	Results first Quarter FY15
	performing their tasks.	commitment to comply with the plan developed by the project when implementing any activity			

ANNEX 9: Validated BCC Strategy (Attached under separate cover).

ANNEX 10: Validated Gender Strategy (Attached under separate cover).

ANNEX 11: Validated Youth Strategy (Attached under separate cover)

ANNEX 12: Project media plan for Y2 (Attached under separate cover).

